

President's Report

An optimist claims that we live in the best of all possible worlds; the pessimist fears it is true. To be President of the American Diabetes Association lies somewhere in between.

For me, the year 1977-1978 has brought some extraordinary satisfactions. It's also yielded some interesting insights, which prompt the question, "Why is this period so different from all others?"

I believe it is because we have reached that critical mass—of many talents and various interests. It enables us truly to be the American Diabetes Association. ADA embodies diabetics, physicians, nurses, parents and relatives of diabetics, dietitians, social workers, researchers, and concerned citizens . . . all compassionate human beings who share a mutual commitment to diabetes.

That commitment has led to many positive actions during the year. Thus, we've made many efforts to join forces with other national groups with diabetes-related interests. Dialogues have been initiated with American Association of Diabetes Educators, American Medical Association, The American Dietetic Association, and The Endocrine Society.

We have struck a national posture to become the spokesman for the 10,000,000 American diabetics. In the process, we have become a potent political force. When your Chairman of the Board, Myles H. Tanenbaum, or I, or your other appointed leaders have testified before Congressional Committees, we have spoken with the confidence of representing a membership of over 125,000. In concert with the National Diabetes Advisory Board, whose twelve non-federal members include eight ADA members, we have been extraordinarily successful. Our superb committee structure enables us to speak with authority in matters other than research support; e.g., such items as health insurance for diabetics, food and drug labeling, sugar substitutes, and so on.

We have initiated prospective stances. Thus, we have released position papers on recombinant DNA and saccharin.

We have expanded our educational efforts in our journals. This year, 1978, witnessed the birth of our third journal, DIABETES CARE; the development of DIABETES FORECAST into a handsome, eminently readable periodical, and the expansion of DIABETES to feature increased emphasis on reviews and scientific teaching.

We have amplified our national research thrust. Every issue of FORECAST carries reports



on some aspect of research. We have altered our National Research Committee to include the best possible representation with regard to expertise and geographical distribution.

Our Committee on Research has been expanded to include lay representatives. We have instituted national peer review for all grant applications equal to, or exceeding, the funds we give in our conventional national applications. This has maximized the likelihood of the best possible judgment being given as to where the dollars should go and how they should be spent.

We have also encouraged the Affiliates to contribute a significant portion of their research-restricted funds to national research distribution. This is an idea whose time has come.

We have gained the momentum to become one of the giants of the voluntary health organization field. We are now a national multifaceted constituency of limitless potential. It is no longer national vs. affiliate, professionals vs. non-professionals, volunteers vs. staff . . . all the sundry schisms that hindered our cohesive identification in the past.

We have become the American Diabetes Association with the emphasis on "American" transcending all other considerations.

> NORBERT FREINKEL, M.D. President

This is a welcome opportunity to focus on a message we have been eager to address to all who are concerned about improving the well-being of those with diabetes. We bring you this word of hope: the American Diabetes Association has come alive and it is growing, and it is now working in over 600 communities in the United States to help those with diabetes.

Achievements, for the most part, are stated in statistical terms, even though in ADA there are human dimensions we also want to emphasize. But the statistics are impressive and we are happy to share them with you. ADA now has over 125,000 members plus thousands of other supporters who work in our campaigns; combined public support and revenue in 1977 rose by over 24%, passing the \$10 million mark for the first time; in 1977, ADA invested in its educational, research and service programs nearly \$7.4 million, an increase of 26% over the previous year; and programs in planning are of a dimension that will lead to even greater levels of service during the current year.

But the essential ingredient of ADA is the dream of tomorrow, and a complete report to you must attempt to capture that vision. We dream of a cure tomorrow, so we fund diabetes research today. We pray for relief from the ravages of diabetes, so we help train health professionals to improve the quality of care delivered to those with diabetes. We want to improve the quality of life for those with diabetes, so we help instruct them in the latest techniques in diabetes care.

In specific terms, ADA produces publications aimed at improving the patient's management of both the physical and emotional aspects of diabetes and at lifting the quality of care provided by the health professionals. By sponsoring professional forums and continuing education programs, the capabilities of health professionals are improved. Related programs geared to benefit the diabetic are carried on by our



chapters in all parts of the country. Camps, youth programs, training courses for teachers and emergency rescue squads, insurance and job counseling, and other services form the nucleus of the ADA program. As regards research, in 1977 the American Diabetes Association again funded more work in the field of diabetes investigation than any other voluntary health agency.

As the respected voice of the diabetes community, the Association has led the way to keep saccharin on the market, to permit genetic research to be safely carried on, to increase federal support for diabetes-related research, and to gain recognition by the public of the need to improve the quality of life for those with diabetes.

And the ability to carry on these activities is a tribute to the support by you—the American public—who have been with us in our bike rides, concerts, celebrity roasts, dinners, ad books, Christmas card sales, mail campaigns, and so many other appeals and special events. So much is owed to you. And to you, the American Diabetes Association pledges to continue to work to achieve our dream: a world without the fear of diabetes.

MYLES H. TANENBAUM Chairman of the Board



Executive Vice President's Report

As a person who likes excitement, I learned very quickly after joining the Association's staff early in 1977 that I had come to the right place. I found a dynamic organization that was on the move at the national and Affiliate levels all across the country. This movement has continued and

even accelerated during the past year. But despite an almost constant rush of activity, it has also been a period of solid building for the Association. I should like to describe briefly some of the building that has taken place.

Within the past few years the Association has accomplished a major transition. From a professional society of a few thousand physicians, scientists and allied health professionals, it has become an influential national voluntary health agency of 125,000 plus members and 600 chapters or branches organized under 68 Affiliates. This record of growth is a tribute to the volunteers and professionals who have made it possible.

The national office exists to serve the Affiliates and our members by carrying out those functions, and only those functions, which can be handled better on a centralized national basis. This includes, for example, the publishing of educational materials. Recently we have

completely reorganized our publications effort. DIABETES FORECAST, our patient-education magazine, has been made more informative, attractive and readable.

A new clinically-oriented journal, DIABETES CARE, was produced and distributed early in 1978. Dozens of new folders and brochures have been prepared to inform patients, volunteer workers and the public.

The Association has played a major role in coordinating the organization's dealings with the Federal government. This has helped to bring about vastly increased funding for diabetes research, a field that had been grossly underfunded for years.

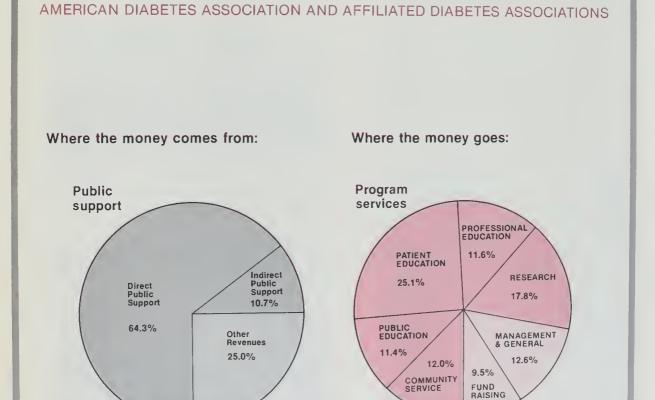
While continuing the highly regarded and nationally sponsored scientific programs, research symposia and postgraduate courses in 1977, we initiated the first of a series of regional combined health care courses designed for allied health professionals as well as practicing physicians. Four of these are being held in 1978.

I suppose no charitable organization has as much money as it feels it needs, and ADA is no exception. But we have made great strides and the Association is now in sound, viable financial condition.

I have committed myself to helping ADA become the best voluntary health organization in America. There is only one reason why we want to be the best and that is a very important reason: to enable us to do the best possible job of serving all of America's diabetics. We have set as our goals the improvement of the skills of America's health professionals, who can help make possible this better life and the continued leadership in the pursuit of the cure for diabetes we all so fervently seek.

JOHN L. DUGAN, Jr. Executive Vice-President

BUILDING TOGETHER through Sound Fiscal Management



Revenues

Note: The latest Financial Statement of the Association may be obtained by writing to the national headquarters.

Supporting

services

BUILDING TOGETHER through Effort and Innovation

Highlights of 1977 - June 1978

The period covered by this Report was a time of considerable activity along traditional lines as well as in new directions. The messages of the President, Chairman, and Executive Vice President in the preceding pages cite several examples such as the record of vigorous growth of the Association, increased funding by the Federal government for diabetes research, the initiation of regional combined health care courses, and the launching of *Diabetes Care*.

Other 1977-78 activities worthy of note are the releases of ADA Position Statements on saccharin and recombinant DNA, the first annual meeting of the ADA President's Advisory Council, participation in the first meeting of the National Diabetes Advisory Board, and the four exclusive benefit concerts performed by Wayne Newton, raising over a quarter of a million dollars in funds to forward ADA programs in research and patient and professional education.

Another exciting event of this period was the ADA New York Diabetes Affiliate's presentation of its first Diabetes Humanitarian Award to former U.S. President Gerald R. Ford. President Ford is also our 1978 Honorary National Campaign Chairman. As such he appeared in two new Public Service Announcements, and also filmed a personal greeting to attendees of the Central Council Meeting held in June in Boston.

All in all, this was a time of progress, a time of significance, a time of innovation, and a time of action!



Dr. Rosalyn S. Yalow, one of the recipients of the 1977 Nobel Prize in Physiology or Medicine, was honored on January 27, 1978 by the American Diabetes Association with its highest scientific award, the Banting Medal. An ADA research fellowship was also named after Dr. Yalow. ADA President Norbert Freinkel, M.D., is at left. Chairman of the Board Myles H. Tanenbaum, at right.



Following the filming of Public Service Announcements in Chicago in May, Honorary National Campaign Chairman, Gerald R. Ford met with ADA Chairman of the Board Myles H. Tanenbaum; Executive Vice President John L. Dugan, Jr.; President Norbert Freinkel, M.D.; 12-year old Merry Theresa Fox, poster girl; and David S. Grier, President, ADA Northern Illinois Affiliate. On the same occasion, President Ford, on behalf of the Affiliate, accepted from Merry, a diabetic, a \$5,200 check from the Harry H. Wolf Foundation of Chicago.



Donnell D. Etzwiler, M.D., Past President, participated in the first meeting of the National Diabetes Advisory Board in March of 1977. At the right is Representative James Martin of North Carolina, one of the earliest, most outspoken opponents of the saccharin ban.



Former President Ford accepts the first ADA New York Diabetes Affiliate's Humanitarian Award from a smiling Douglas Fairbanks, Jr. at a banquet held in May at the New York Waldorf-Astoria Hotel.

Dr. Charles H. Best - 1899-1978

The most tragic event for the diabetic community in the period covered by this report was the death of Charles H. Best, M.D. on March 31, 1978 in Toronto, Canada.

Dr. Best and Dr. Frederick Banting discovered insulin in 1921, which has since enabled millions and millions of diabetics to lead longer,

normal, productive lives.

Dr. Best, who retired from active research in 1967, served as Director Emeritus of the Department of Medical Research and Physiology of the Banting and Best Institute of the University of Toronto. He continued to travel and lecture all over the world in recent years.

He was also Past President and Honorary President of the American Diabetes Association until his death. In addition, he was Honorary President of the International Diabetes Federation, and held similar posts in 41 national

diabetes foundations.

When asked by an interviewer looking back to those pre-insulin days, "What was the general outlook for a diabetic in those days?" Dr. Best replied, "Well, the children always died within a

year, perhaps weeks."

the University.

No other living man was in a better position to answer such a question. Charles H. Best, CC., C.B.E., M.D., D.Sc., LL.D., F.R.S.C., F.R.C.P., F.R.C.P.C., KLJ, F.R.S., and holder of a stunning number of awards and honors was introduced in the autumn of 1920 to Dr. Frederick Banting who had an idea on the problem of diabetes. Banting was 29 at the time and Dr. Best was 21. They were given a modest laboratory to work in. Then, without stipend or any other assistance, they went to work and began experimenting with diabetic dogs.

Within two months they had found a way to prepare active extracts of insulin. Dr. Banting and Dr. Best reported their discovery to the University of Toronto staff and graduate students without exciting too much interest. However, news of the report leaked out, and a newspaper story resulted in a deluge of letters and visits to

On January 11, 1922, the first human patient was treated. A 15-year-old diabetic boy with only a short time to live received treatment. He lived for 15 years, dying then in a motorcycle accident.

Since then, untold millions of diabetics have benefited from the breakthrough discovery of Dr. Banting and Dr. Best.



Dr. Banting, together with Professor J.J.R. MacLeod of the University of Toronto (who had brought the two together) received the Nobel Prize in medical research in 1923. Dr. Banting shared his part of the Prize with Dr. Best.

Dr. Best went on to continue his medical course. After their success, and even while he was in school, he was appointed chief of the Insulin Division of the Connaught Laboratories. Evidence of his brilliance was his appointment, five years after graduation with his B.A., M.A. and medical degree, to head the University of Toronto Department of Physiology.

In 1924, he married Margaret Mahon who worked as an encouraging force with the two young scientists. Dr. Best was to say later, "Margaret was the only person, other than the two scientists, who knew the progress of the insulin investigations from day to day."

Dr. Best was co-author, with Dr. Banting, of the original publication on insulin, *The Internal Secretion of the Pancreas*. He was also co-author (with N.B. Taylor) of an advanced textbook on physiology, *The Physiological Basis of Medical Practice*, and two elementary texts on physiology, *The Human Body* and *The Living Body*.

The significance of the accomplishments and career of Dr. Best were perhaps best summed up for many of us by President Norbert Freinkel, M.D. when he said, "Some of the greatness of the 20th Century has gone out of our world with the passing of Dr. Charles H. Best.... Dr. Best translated science into terms that the whole world could understand, and into dimensions of service that ennobled all our efforts. Dr. Best was a beacon of civilization, typifying the true goals of science and medicine—improving and saving human lives."

BUILDING TOGETHER through Legislative Action

The Association's legislative activities on both the national and the Affiliate level expanded dramatically in 1977. Encouraged by the Congressional response to the National Commission on Diabetes "Long Range Plan to Combat Diabetes," officers of the ADA testified before Congressional Appropriations Committees in support of continued increases in Federal appropriations for diabetes research. Affiliates and their members strongly indicated their views to their Senators and Congressmen through personal visits, telephone calls and letters, leading to an appropriations bill in 1977 which increased the government's diabetes support from \$75.6 million to \$107.5 million. This 42% increase in the government's commitment to the problems of diabetes resulted in much needed additional support for the country's diabetes researchers.

THE POSITION STATEMENT ON SACCHARIN

The legislative issue that created the most dramatic impact on the members of ADA in 1977 was the government's decision to remove saccharin from the market. Washington was immediately deluged by an average of up to 1,000 letters a day. This is more than the Federal officials received at the time of the invasion of Cambodia or the shootings at Kent State. According to the government's calculations, 70% of these letters were from diabetics, who responded swiftly to the ADA position statement which urged that no action be taken until further scientific studies had been carried out. Medical and lay leaders of the Association testified at Congressional hearings in support of this position.

Because of these efforts by ADA volunteers, Congress passed a bill creating an 18-month moratorium on the banning of saccharin until additional scientific studies had been carried out. Members of ADA's Professional Section were called upon by the government immediately to take part in these new investigations.

THE NATIONAL DIABETES ADVISORY BOARD

The members of the National Diabetes Advisory Board (established in 1976 by Congress in response to a recommendation of the National Commission) were named in February, 1977. Of the Board's 12 nongovernment members, eight are members of ADA, and seven of these have served on the national Association's Board of Directors. At their first meeting, David M. Kipnis, M.D., Editor of the Association's prestigious Journal DIABETES, was elected Chairman of the Advisory Board.

The National Diabetes Advisory Board is responsible for monitoring the implementation of the Commission's Plan, and for suggesting any necessary modifications. To carry out part of this charge, the Advisory Board requested the assistance of leading members of the Association in establishing the National Diabetes Information and Education Clearinghouse and the National Diabetes Data Group.

The Federal government again acknowledged the leadership position of the ADA's national Professional

Section when scientific expertise was needed in relation to the withdrawal of phenformin, one of the oral agents used in the control of diabetes. ADA representatives were appointed to work with HEW and drug manufacturers in establishing an appropriate educational campaign for physicians and patients.

DIABETES RESEARCH AND TRAINING CENTERS

The first Diabetes Research and Training Centers were funded in 1977. These centers were authorized by Congress in 1974 to expand the search for and the application of new knowledge related to diabetes. Funding for these Centers was one of the reasons ADA members worked so diligently to increase the Federal diabetes effort. Three additional Centers were awarded by the National Institutes of Health in 1978. The eight Centers, each of which will receive funding for a threeor five-year period, are: Albert Einstein College of Medicine and Montefiore Hospital and Medical Center, New York City; University of Chicago; Indiana University, Indianapolis; Joslin Diabetes Foundation, Boston; University of Michigan, Ann Arbor; University of Virginia, Charlottesville; Vanderbilt University, Nashville; and Washington University, St. Louis.

The ADA Affiliates located in the same areas as these Centers are actively engaged in cooperative efforts and programs to help carry out the mission of the Centers.

OUTSTANDING ACTION BY MEMBERS OF CONGRESS

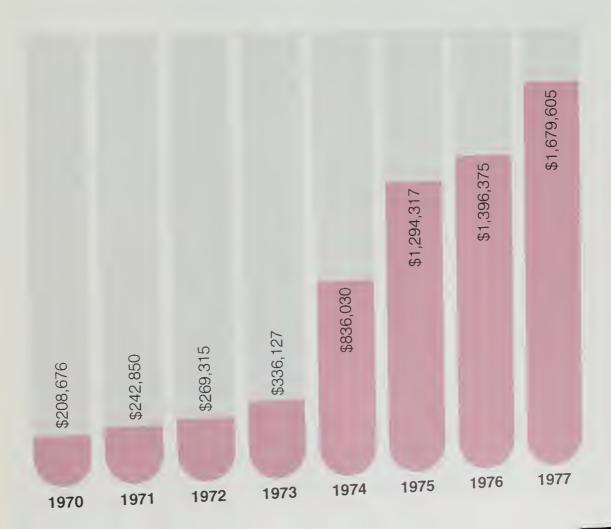
Although thousands of dedicated ADA volunteers and their families participated in these exciting activities in 1977, special mention must be given to some of those members of Congress who have championed the cause of diabetes. They have been responsible for guiding ADA and leading the diabetes-related legislation to successful conclusions.

Congressman Louis Stokes of Ohio received the Dr. Charles H. Best Award in 1977 for his outstanding contributions to the cause of diabetes. Rep. Stokes, a member of the House Appropriations Committee, has been a tireless advocate of increased Federal appropriations for the diabetes effort. Senator Richard S. Schweiker of Pennsylvania (who received the Best Award in 1974) continues to be one of the best friends the American Diabetes Association has ever had. Rep. Tim Lee Carter of Kentucky, a member of the ADA national Board of Directors, has provided guidance and expertise made even more valuable by the fact that he is a respected physician member of Congress. Senator Edward M. Kennedy of Massachusetts and Congressman Paul Rogers of Florida, as Chairmen of the subcommittees dealing with health legislation, have been sympathetic and understanding allies. Rep. Daniel Flood of Pennsylvania and Senator Warren G. Magnuson of Washington, Chairmen of the health appropriations subcommittees, are knowledgeable and supportive of the aims of the American Diabetes Association. Many other Federal legislators have also offered great assistance to the cause of diabetes, and their efforts are applauded by all members of the diabetes community.

BUILDING TOGETHER through Research

The American Diabetes Association is committed to continued increases in its annual research expenditures, despite the recent impressive and welcome increases in Federal expenditures for diabetes research. As the "junior partner" to the Federal government, the Association sees its role as filling the gaps not covered by the government's programs.

Our research expenditures continue to rise dramatically. In 1977, the Association spent \$1,679,605 at the national and Affiliate levels for research, the largest contribution to diabetes research by any voluntary health agency in the United States. It continues an exciting pattern of recent growth and affirms ADA's commitment to research.



Among the most rewarding recent research accomplishments throughout the country are.

- Breakthroughs in the attempts to induce bacterial synthesis of mammalian hormones. This area of recombinant DNA research has resulted in scientists' ability to take the element of DNA responsible for insulin synthesis in man, and insert this "insulin gene" into the DNA of bacteria. The result could be bacteria capable of producing large amounts of insulin for human use. The American Diabetes Association contributed to the funding of this research.
- Development of better and quicker methods of measuring glycosylated hemoglobin (Hgb A₁c) and applying these methods more broadly across the country. It is currently believed that the level of Hgb A₁c can provide an additional means of assessing metabolic control of diabetes. The American Diabetes Association contributed to the funding of Hgb A₁c research, and cosponsored, with the National Institute of Arthritis, Metabolism and Digestive Diseases, an international workshop on "Biochemistry and Physiology of Glycosylated Hemoglobins."
- Evaluation of the Diabetic Retinopathy Study continues to show the effectiveness of photocoagulation treatment on certain stages of diabetic retinopathy. A report of these continuing trials given by the Director of the National Eye Institute was one of the highlights of the American Diabetes Association's Fifteenth Research Symposium, held at the National Institutes of Health in 1977.

These are just a few sample areas of the vigorous research into the cause of diabetes and its complications, and the search for a cure, being funded by the American Diabetes Association. Other research activities conducted by the Association include scientific symposia to bring together scientists, clinicians, and academicians to discuss and evaluate new concepts and approaches to the many facets of the diabetes problem. In addition to the 15th Research Symposium, the Association's 37th Annual Meeting Scientific Sessions in St. Louis attracted a record-breaking attendance of 1,300 international registrants. Boston was the site of the 38th Annual Meeting Scientific Sessions with an even higher registration of 1,600.

The research support of the American Diabetes Association is dependent upon public and private support. Through the ever-increasing contributions received for research, the American Diabetes Association funds four basic types of programs:

Five-year Established Investigatorships are awarded by the national Association to senior scientists each year. These awards are designed to foster maximal research productivity by scientists of outstanding and recognized ability by providing the means to permit them to devote full time to diabetes

research. Each investigator receives \$37,000 annually for salary and laboratory support. The current Established Investigators are:

WILLIAM L. CHICK, M.D. Research Associate, Elliott P. Joslin Research Laboratory, Associate Professor of Medicine, Harvard Medical School, Boston

PHILIP FELIG, M.D., Professor of Medicine, Vice Chairman of the Department of Internal Medicine, and Director, Clinical Research Center, Yale University School of Medicine, New Haven.

LEONARD S. JEFFERSON, Jr., Ph.D., Professor of Physiology, The Milton S. Hershey Medical Center, The Pennsylvania State University, Hershey.

JOSEPH LARNER, M.D., Professor and Chairman, Department of Pharmocology, University of Virginia School of Medicine, Charlottesville.

FRANZ M. MATSCHINSKY, M.D., Professor of Pharmacology, Biochemistry and Biophysics, University of Pennsylvania School of Medicine, Philadelphia ARTHUR H. RUBENSTEIN, M.D., Professor of Medicine, The University of Chicago.

Research and Development Awards, and other fellowships on the Affiliate level, are specifically aimed at younger investigators who have shown exceptional promise in diabetes research. If the community of diabetes researchers is to continue to grow, special efforts must be taken to ensure the availability of well-trained investigators. The Research and Development Awards provide salary support for one or two years to help young scientists make the transition to the level of established investigators, and devote their careers to the study of diabetes. The following fellowships were granted for the 1977-1978 academic year:

JOHN M. AMATRUDA, M.D. University of Rochester ALAN D. CHERRINGTON, Ph.D. Vanderbilt University School of Medicine JAMES C. GARRISON, II, Ph.D. University of Virginia CHRIS HECKEMEYER, M.D. University of Tennessee Center for the Health Sciences and Veterans Administration Hospital DAVID B. JARRETT, M.D. Diabetes Branch, National Institutes of Health ROBERT C. McEVOY, M.D. University of Minnesota School of Medicine BRUCE A. LARSON, M.D. Scripps Clinic and Research Foundation RICHARD E. OSTLUND, Jr., M.D. Washington University School of Medicine LAWRENCE PHILLIPS, M.D. Northwestern University Medical School BARBARA N. SCHAFFER, Ph.D. The University of Chicago ROBERT S. SCHWARTZ, M.D.

University of Washington

VIJAY R. SOMAN, M.D.
Yale University School of Medicine
VICTOR J. STEVENS, Ph.D.
The Rockefeller University
HARRY WEISMAN, M.D.
University of California, Los Angeles
PHILLIP L. WERNER, M.D.
University of Washington
LEE A. WITTERS, M.D.
Massachusetts General Hospital

Research Grants provide funds for equipment, supplies, or technical assistance needed by an investigator carrying out diabetes-related research. Although the 104 Grants awarded in 1977 range from levels of \$23,000 to \$2,985, most Grants fall in the range of \$15,000 to \$8,000. The National Research Program, and programs of some of the Affiliates, resulted in funding of the following exciting and productive areas of diabetes research:

ANIMAL MODELS OF DIABETES

Edward A. Benson, M.D.
Virginia Mason Research Center
Sekoke-A New Animal Model of Diabetes Mellitus
John W. Kramer, D.V.M., Ph. D.
Washington State University
A New Animal Model of Diabetes Mellitus

ARTIFICIAL PANCREAS Samuel P. Bessman, M.D.

University of Southern California

Studies to Program the Artificial Implantable Beta Cell Julio V. Santiago, M.D. Washington University School of Medicine Studies with an Artificial Endocrine Pancreas in Diabetes Charles H. Read, M.D. University Hospitals, Iowa City The Development of an Artificial Endocrine Pancreas Donna J. Koerker, Ph.D. University of Washington

CATECHOLAMINES

Jerome M. Feldman, M.D.

Duke University
The Role of Pancreatic Islet Monoamines in Diabetes
Mellitus
Phillip E. Cryer, M.D.
Washington University School of Medicine

Establishment of Glucose Clamp Methodology

Washington University School of Medicine
Adrenergic Pathophysiology in Diabetes and Hypoglycemia
in Man

Adela Weinstein, Ph.D. University of Washington Catecholamine Radioimmunoassay

CELL CULTURE STUDIES

K. John Morrow, Ph.D. Texas Tech University, Lubbock, Texas Somatic Cell Hybridization in Treatment of Diabetes Elliot J. Rayfield, M.D. Yoshiko Seto, Ph.D. Mt. Sinai School of Medicine In Vitro Studies of Virus-Induced Diabetes

DIABETES AND PREGNANCY

Roy J. Martin, Ph.D.
Pennsylvania State University
Fetal Development and Metabolism in Diabetic Pregnancies
John T. Hayford, Jr., M.D.
University Hospitals, Iowa City
Hypoglycemia in Infants of Diabetic Mothers

DIABETIC NEUROPATHY

William R. Kennedy, M.D.
University of Minnesota
Study of Peripheral Nerve and Muscle Spindles of the
Diabetic Chinese Hamster, of Muscle Spindles from
Humans with Diabetic Neuropathy
Virginia Seybold, Ph.D.
Robert P. Elde, Ph.D.
University of Minnesota
Somatostatin Containing Primary Afferent Neurons in
Diabetic Neuropathy
Norton Spritz, M.D.
Veterans Administration Hospital, New York, N.Y.
Metabolism of Peripheral Nerve Myelin in Experimental

DIABETIC RETINOPATHY

Diabetes

G. Perry Speros, Ph.D.
Texas Tech University School of Medicine
Lubbock, Texas
Electroretinographic Studies in Diabetic Retinopathy
Chung-Ho Chen, Ph.D.
The Johns Hopkins University
Diabetic Retinopathy: Studies on an Experimental Model of
Proliferative Retinopathy

EFFECT OF VARIOUS HORMONES ON INSULIN SECRETION

J.A. Parsons, Ph.D.
S.L. Erlandsen, Ph.D.
University of Minnesota
Induction of Monohormonal Secreting Pituitary Tumors for
Studying the Effects of Growth Hormone and/or Prolactin on
the Gastro-enteropancreatic Endocrine Cell Systems of
Normal and Diabetic Animals
Howard M. Klitgaard, Ph.D.
Medical College of Wisconson
Thyroid Function and Growth Factors in Diabetes
Barry H. Ginsberg, M.D., Ph.D.

University of lowa
Radioimmunoassay Measurements of the Somatomedins in
Diabetes Mellitus
Robert H. Williams, M.D.

University of Washington
Gastric Inhibitory Polypeptide
Phillip H. Smith, Ph.D.
Veterans Administration Hospital, Seattle
Hypothalamic Regulation of Pancreatic Islet Mass

William Lake, Ph.D.

Northwestern University Medical School

Effect of Insulin Secretagogues Upon the Intracellular Inorganic Phosphate Content and P_{32i} Influx into Isolated Pancreatic Islets

Philip Raskin, M.D.

University of Texas Health Science Center

Dallas, Texas

Hyperglucogonemia in Diabetes: Primary or Secondary?

L. Arthur Campfield, Ph.D.

University of California, Los Angeles

Neural Regulation of Insulin Secretion in Experimental

Diabetes and Obesity

David G. Johnson, M.D. University of Washington

Hormonal Control of Pancreatic Endocrine Function

Rafi Younoszai, Ph.D.

University of Minnesota

Effect of Gut Cytotrophic Factors on Insulin Secretion by Islets Isolated from Sucrose Fed Protein-deficient Rats

Seymour R. Levin, M.D.

Wadsworth VA Hospital

Characterization of the Intestinal Substances which Enhance Insulin Secretion: Studies in the Isolated Perfused

Rat Intestine and in the Isolated Perfused Rat Pancreas

Roger L. Nelson, M.D.

Mayo Medical School

The Role of the Autonomic Nervous System in the Response of Gastric Inhibitory Polypeptide (GIP) to Hypoglycemia

Ronald W. Tatum, M.D.

Albuquerque, New Mexico

Comparison of Androstenedione levels in Indian and non-Indian female Diabetics and Non-Diabetics

HEMOGLOBIN AIC

Maria G. Buse, M.D.

Medical University of South Carolina

Measurement of Hemoglobin A_{lc} by Isoelectric Focusing;

Physiological and Clinical Applications

Donald E. McMillan, M.D.

Sansum Medical Research Foundation

Viscous Properties on Hemoglobin Alc in Diabetes

IMMUNOLOGIC AND IMMUNOGENETIC STUDIES

Gerald J. Bargman, M.D.

University of Wisconsin

T-Suppressor Cell Function in Juvenile Onset Diabetes Mellitus

Richard A. Gatti, M.D.

Cedars-Sinai Medical Center, California

HLA-D Typing of Juvenile Diabetes Mellitus Patients

Michele Barg, Ph.D.

University of California, Irvine

Effect of Diabetes on Delayed-Type Hypersensitivity

Bruce S. Rabin, M.D., Ph.D.

University of Pittsburgh

Immunopathology of Juvenile Onset Diabetes Mellitus

Richard P. Doe, M.D.

Veterans Administration Hospital, Minnesota

Autoimmune Studies in Kindreds with an Increased

Incidence of Diabetes Mellitus

Barry S. Handwerger, M.D.

University of Minnesota

The Immune System in Diabetes Mellitus

Adina Zeidler, M.D.

University of Southern California

Significance of Pancreatic Islet Cell Antibodies in Diabetes Mellitus

Yoko S. Mullen, M.D., Ph.D.

University of California, Los Angeles

Specific Immunotherapy for Reversal of Diabetes by Fetal

Pancreas Allografts

Joan A. Stratton, Ph.D. Harbor General Hospital, California

Juvenile Diabetes Mellitus: An Autoimmune Disease?

IMPACT OF CONTROL

Thomas F. McNamara, Ph.D.

State University of New York at Stony Brook

The Effect of Experimental Diabetes on (1) the Pathogenicity of the Oral Microflora and (2) Periodontal Breakdown in

Germfree Animals

Jerome A. Grunt, M.D., Ph.D.

University of Missouri

Kansas City School of Medicine

Effect of Control in Patients with Juvenile Diabetes Mellitus

Mark V. Dahl, M.D.

University of Minnesota

Monocyte Function in Patients with Necrobiotic

Granulomatous Diseases

INSULIN EFFECTS ON ADIPOSE TISSUE

Daniel Steinberg, M.D., Ph.D.

University of California, San Diego

Mechanism of Insulin Action in Adipose Tissue

Ahmed H. Kissebah, M.D., Ph.D.

Medical College of Wisconsin

Insulin Regulation of Adipocyte Lipoprotein Lipase;

Biochemical Basis of Insulin Resistance

F. Xavier Pi-Sunyer, M.D.

St. Luke's Hospital Center, New York, N.Y.

Relationship Between Lipogenesis and Glucose Utilization in Rat Adipocytes

INSULIN RECEPTOR STUDIES

Jeffrey S. Flier, M.D.

Leonard C. Harrison, M.D.

Diabetes Branch, NIAMDD

National Institutes of Health

Purification of the Insulin Receptor using Antibodies to the Insulin Receptor: Application to further Studies of Receptor

Structure, Function and Pathology

Barry H. Ginsberg, M.D., Ph.D.

University of lowa

Insulin Receptors during In Vitro Differentiation

Robert S. Bar, M.D.

University Hospitals, Iowa City

Insulin Receptors and Insulin Modulated Immune Function

Jerry P. Palmer, M.D.

University of Washington

Alpha & Beta Cell Glucoreceptor Studies in Diabetics

Mohan K. Raizada, Ph.D. University Hospitals, Iowa City Insulin and Glucagon Receptors in Diabetes Mellitus Carole J. Bradley, M.D.

Juanita A. Archer, M.D.

Howard University

Human Fetal Islets of Langerhans: Culture, Membrane Insulin Receptors, and Cryopreservation

Solomon A. Kaplan, M.D.

University of California, Los Angeles

Insulin Receptors in Juvenile Diabetes Mellitus

Larry Gordon, Ph.D.

Scripps Clinic and Research Foundation

Studies on the Structure and Function of Normal and

Diabetic Plasma Membranes

Joseph D. Brown, M.D. University Hospitals, Iowa City

Effects of Sulfonylureas on Insulin Bindina

INTERMEDIATE METABOLISM

Robert B. Ramsey, M.D.

St. Louis University School of Medicine

Utilization of Acetoacetate by the Developing Brain of Normal and Diabetic Rats

Fred H. Faas, M.D.

Veterans Administration Hospital

Little Rock, Arkansas

Fatty Acid Desaturation and Cytochrome P-450 Oxidation

Reactions in Diabetes Mellitus

Kim I. Timmers, Ph.D.

Mt. Sinai School of Medicine

Phosphofructokinase Activity, Serum Factors, and Insulin-Sensitivity in Human Adipose Tissue

M. Michael Appleman, Ph.D.

University of Southern California

Insulin-Enzyme Interactions in Muscle

Carl L. Tipton, Ph.D. Iowa State University

Inhibition of Glucose Transport by Ophiobolin A

ISLET FUNCTION AND REGULATION

M. Alan Permutt, M.D.

Washington University School of Medicine

Pancreatic Islet Messenger RNA

Paul M. Beigelman, M.D.

University of Southern California

Islet Electrical Potential Project

Paul M. Beigelman, M.D.

University of Southern California

Effects of Glucose on B-Cell Electrical Activity

Ronald K. Kalkhoff, M.D.

Medical College of Wisconsin

Pancreatic Islet Phasic Hormonal Secretion and Trace

Elements

Byron J. Hoogwerf, M.D.

University of Minnesota

Human Beta-Cell Function as Measured by Urinary C-peptide Excretion: Development of a Simple Test for Pancreatic Insulin Reserve for Genetic Studies of Diabetes Hue-Lee Cheng Kaung, Ph.D.

University of Minnesota

Morphogenesis of Islets of Langerhans in frog, Rana pipiens

Peter Sherline, M.D.

University of Connecticut

Microtubules and the Mechanism of Insulin Secretion

Richard E. Ostlund, Jr., M.D.

Washington University School of Medicine

Microfilaments and Insulin Secretion

ISLET TRANSPLANTATION

Richard L. Simmons, M.D.

University of Minnesota

Allogenic Transplantation of Pancreatic Islets

William D. Payne, M.D.

University of Minnesota

DL-Ethionine Treatment of Donors Prior to Transplantation of

Dispersed Pancreatic Tissue in a Large Animal Model of

Diabetes-The Pancreatectomized Dog

David Sutherland, M.D.

University of Minnesota

Isolation and Transplantation of Pancreatic Islets

Padmakar K. Dixit, M.D.

Jane E. Michels

University of Minnesota

A Study to Determine the Possibility of Reversal of Diabetes

in Rats by Inducing "Regeneration" of Beta Cells

Folkert O. Belzer, M.D.

University of Wisconsin

Culture and Transplantation of Pancreatic Islet Cells

Orion D. Hegre, Ph. D.

Robert McEvoy, M.D.

University of Minnesota

Studies on the Growth and Differentiation of Rat Pancreas in Vitro with Subsequent Transplantation to Alloxan Diabetic

Richard M. Dickerman, M.D.

University of Texas Health Science Center

Dallas, Texas

The Timing of Pancreatic Transplantation in Diabetes

LIPID METABOLISM

William Virgil Brown, M.D.

University of California, San Diego

Turnover of Plasma Triglyceride and Apoprotein-B in Very Low Density Lipoprotein of Subjects with Diabetes Mellitus

MICROANGIOPATHY

James F. Marks, M.D.

University of Texas Health Science Center

Dallas, Texas

Microvascular Disease in Relation to Diabetes Mellitus

Vernon E. Fischer, Ph.D.

St. Louis University School of Medicine

Cardiac Microvascular Ultrastructure in Human and

Experimentally-induced Diabetes Mellitus

Richard Guthrie, M.D.

University of Kansas

Muscle Biopsy

Jon I. Scheinman, M.D. University of Minnesota

Smooth Muscle Proteins in Diabetic Vascular Disease

Kay E. Sarji, Ph.D.

Medical University of South Carolina Platelets, Vitamin C, and Prostaglandins

Wilfred Y. Fujimoto, M.D.

University of Washington

Cell Culture Study of Diabetes Mellitus

Joseph R. Williamson, M.D.

Washington University School of Medicine

Immunofluorescent Studies of the Microcirculation in Diabetes

Judith A. Berliner, Ph.D.

University of California, Los Angeles

Insulin Effects on Endothelial Cells in Vitro

David E. Haft, M.D.

New York Medical College

Renal and Retinal Collagen Turnover in Diabetic Rats

J.M.B. Bloodworth, Jr., M.D.

University of Wisconsin

Diabetic Microangiopathy

Michael W. Steffes, M.D.

S. Michael Mauer, M.D.

David M. Brown, M.D.

University of Minnesota

The Absolute and Relative Volume of the Glomerulus and its Constituents in Diabetes Prior to and following Islet

Transplantation

NUTRITIONAL FACTORS AND DIABETES

John D. Fernstrom, Ph.D.

Massachusetts Institute of Technology

Effect of Diabetes and Obesity on Brain Serotonin and Food Choice in Rats

John A. Milner, Ph.D.

University of Illinois

To Determine if Dietary Arginine or Some Other Component is Required in Greater Quantities for Proper Elimination of

Protein and Amino Acid By-products

Bruce S. Chertow, M.D.

University of Illinois Hospital

The Role of Vitamin A in Hormone Secretion

Holbrooke S. Seltzer, M.D.

Veterans Administration Hospital, Dallas, Texas Effect of Cellular Ion Deficits on Diabetic Control

REGULATION OF HEPATIC (LIVER) GLUCOSE PRODUCTION

Josiah Brown, M.D.

University of California, Los Angeles

(1) Reversal to Normal of Liver Enzyme Activities in Diabetic Rats by Transplantation of Fetal Pancreases (2) Staging of Human Fetal Pancreases

Kenneth H. Ibsen, Ph.D.

University of California, Irvine

Elucidation of the Mechanisms Responsible for the Insulin Induction and Glucagon Repression of Hepatic Pyruvate

Kinase Activity

Michael J. MacDonald, M.D.

University of Wisconsin

Metal Ion Activation of Phosphoenolpyruvate Carboxykinase in Diabetes

Thomas H. Claus, Ph.D.

Vanderbilt University School of Medicine

Hormonal Control of Hepatic Gluconeogenesis

Daryl K. Granner, M.D.

University Hospitals, Iowa City

Gluconeogenic Regulatory Mechanisms in Cultured Cells

Shreepad R. Wagle, Ph.D.

Indiana University School of Medicine

Studies on Experimental Diabetes in Isolated Hepatocytes

John Regan, M.D.

Frank Nuttall, M.D.

Veterans Administration Hospital, Minnesota

Enzymatic Level of Action of Epinephrine and Alpha and Beta Receptor Agonists in the Glycogenolytic Pathway in

the Rat Liver

Dennis Doorneweerd, M.D.

Frank Nuttall, M.D.

Veterans Administration Hospital, Minnesota

Purification of Liver Phosphorylase Kinase and the Study of

its Role in Glycogen Metabolism

Mayer B. Davidson, M.D. University of California, Los Angeles

Mechanism of Autoregulation of Hepatic Glucose Balance

William M. Pardridge, M.D.

University of California, Los Angeles

Muscle Amino Acid Metabolism and Hepatic

Gluconeogenesis

Dinesh Kumar, M.D.

University of Southern California

The Interaction of Insulin with Hepatocytes Derived from

Diabetic Rats

Natalie S. Cohen, Ph.D.

University of Southern California

The Role of the Sodium-Potassium

Adenosinetriphosphatase in the Response of Hepatic Cells to Insulin

William M. Pardridge, M.D.

University of California, Los Angeles

Regulation of Hepatic Glucose Production

SOMATOSTATIN

Lorentz E. Wittmers, Ph.D.

Edwin W. Haller, Ph.D.

Gerald R. Cizadlo, Ph.D.

University of Minnesota

Somatostatin in Genetically Determined Obesity Associated with Diabetes

Aubrey E. Boyd, III, M.D.

Baylor College of Medicine

Somatostatin Secretion in Diabetes

Robert, P. Elde, Ph.D.

University of Minnesota

Secretion Control of Pancreatic Somatostatin

Additional research support is given by some . Affiliates to undergraduate and graduate students for research projects or as fellowship stipends, and to researchers as small grants-in-aid. The following nineteen recipients were selected in 1977:

RICHARD ADAMICK

University of Illinois

The Effect of Induced Hyperosmolar State with and without Hypernatremia on Insulin Secretion in the Intact Rat

DAVID BARON

Northwestern University Medical School The Effect of Diabetes Mellitus on Hepatic Somatomedin Release

DAVID BALDWIN, Jr.

Rush Medical College

Application of Immunohistological Techniques to Localize Gastrin Cells in Rat Pancreas

RONALD E. BOKULIC

University of Tennessee Center for the Health Sciences Isolation of Islets of Langerhans from Human Pancreata and their use in Biochemical and Immunological Studies

ROBERT G. BRODOWS, M.D. Genesee Hospital, Rochester, N.Y.

Studies on the Role of the Parasympathetic Nervous System and Pancreatic Biogenic Amines in Controlling Insulin Secretion During Starvation

CHHAYA CHAKRABARTI, M.D.

Downstate Medical Center, State University of New York Alpha and Beta Cell Function in Juvenile Chemical Diabetes and Juvenile Diabetes Mellitus

SUSAN B. DOUGHERTRY

University of Rochester

The Effect of Diabetes and Insulin on Renal Phospholipid Metabolism

BRIAN M. FRIER, M.B., Ch.B. Cornell University Medical College

The Effect of Residual Insulin Secretion on Exocrine Pancreatic Function in Juvenile-Onset Diabetes Mellitus

V. S. GANDHI, M.D.

Jewish Hospital and Medical Center of Brooklyn In Vitro Formation of Fast Hemoglobin (Hb A1c)

BARRY S. GOLDSTEIN

University of Rochester

Insulin Action and the Control of Glucose Transport in Fat Cells

JOHN GREEN

Cornell University Medical College Platelet Abnormalities in Diabetes Mellitus

R. PAUL MILLER, M.D. St. Mary's Hospital, Rochester, NY Insulin Stimulation of Synthesis and Secretion of Chondrocyte Proteoglycans

JONATHAN MINES

Veterans Administration Hospital, Brooklyn Study Concerning Susceptibility to Diabetogenic Agents in Rats Fed a High-Protein Diet VIVIAN PALOYAN

Carleton College

Submaxillary Gland Glucagon-like Immunoreactivity: The Effect of Age and Extirpation of these Glands on Growth, Sexual Maturity and Carbohydrate Metabolism

CARL JONES

University of Illinois

Delta Cell Development of Fetal Rats and Correlation with Parameters of Diabetic State in the Mother

MORDECAI KLEIN

Yeshiva University

Relation of Serum Cholesterol and Triglycerides to Parameters of Diabetic Control

KIM RAYUNEC

University of Illinois

The Effects of Vitamin A Deficiency and Treatment with Vitamin A on the Solubilization and Release of Insulin from Rat Islet Secretion Granules

ANTHONY L. SUCHMAN

Cornell University Medical College

An In Vitro Model for Basement Membrane Thickening of Diabetic Microangiopathy

DEAN A. THOMPSON, M.D.

Monroe Community Hospital, Rochester, NY Thirst and Water Intake During Intracellular Glucopenia

The Selection of Research Recipients

Applications for research support from the national Association are reviewed by an outstanding panel. Although the members of the Association's Committee on Research have always been among the most prestigious scientific authorities in the country, two innovations in the composition of the 1977-78 Committee are worthy of mention. To ensure the broadest possible geographic representation on the Committee, guidelines were established to appoint a certain number of members from each of the regions of the country. In addition, to see that the interests of our lay members are well represented during the Committee's deliberations, three nonphysician members of the national Board of Directors have been appointed to serve with the distinguished scientists:

GEROLD M. GRODSKY, Ph.D., Chairman—Professor of Biochemistry, University of California, San Francisco.

CHARLES J. GOODNER, M.D., Vice Chairman—Professor of Medicine, University of Washington School of Medicine, Seattle.

SHELDON J. BLEICHER, M.D.—Professor of Medicine, Downstate Medical Center, State University of New York, Brooklyn.

MARIA G. BUSE, M.D.—Professor of Medicine and Biochemistry, Medical University of South Carolina, Charleston.

REX S. CLEMENTS, JR., M.D.—Associate Professor of Medicine and Director, Clinical Research Center, University of Alabama School of Medicine, Birmingham.

PAUL J. DAVIS, M.D.—Head, Endocrinology Division, Department of Medicine, State University of New York, Buffalo.

KENNETH H. GABBAY, M.D.—Associate Professor of Pediatrics, Harvard Medical School, Boston.

HARLAN HANSON—Member, Board of Directors, American Diabetes Association, Inc.; Vice President, Marketing, Thermo Serv, Division of Dart Industries, Minneapolis.

MRS. LINN HOOVER —Member, Board of Directors, American Diabetes Association, Inc.; President, Joan Hoover Interiors, Inc., Chevy Chase, Maryland.

LEONARD S. JEFFERSON, Ph.D.—Established Investigator of the American Diabetes Association; Professor of Physiology, The Milton H. Hershey Medical Center, The Pennsylvania State University, Hershey.

BERNARD R. LANDAU, M.D., Ph.D.—Professor of Medicine and Pharmacology, Case Western Reserve University School of Medicine, Cleveland.

JOSEPH LARNER, M.D.—Established Investigator of the American Diabetes Association, Professor and Chairman, Department of Pharmacology, University of Virginia School of Medicine, Charlottesville.

ANN M. LAWRENCE, M.D., Ph.D.—Professor of Medicine and Biochemistry, Loyola University Stritch School of Medicine, Hines, Illinois.

DEAN LOCKWOOD, M.D.—Professor of Medicine, University of Rochester School of Medicine, Rochester, NewYork.

FRANZ M. MATSCHINSKY, M.D.—Established Investigator of the American Diabetes Association; Professor of Pharmacology, Biochemistry and Physics, University of Pennsylvania School of Medicine, Philadelphia.

WENDELL MAYES, JR.—Member, Board of Directors, American Diabetes Association, Inc.; President, Wendell Mayes Stations, Austin, Texas.

J. DENIS McGARRY, Ph.D.—Associate Professor of Internal Medicine and Biochemistry, University of Texas Southwestern Medical School at Dallas.

BOYD E. METZGER, M.D.—Professor of Medicine, Northwestern University Medical School, Chicago.

LEONA V. MILLER, M.D.—Associate Professor of Medicine, University of California, Irvine.

OLIVER E. OWEN, M.D.—Professor of Medicine, Temple University School of Medicine, Philadelphia.

PHILLIP L. POFFENBARGER, M.D.—Director, Division of Endocrinology and Metabolism and Director, Clinical Research Center, University of Texas Medical Branch, Galveston.

LILLIAN RECANT, M.D.—Professor of Medicine, Georgetown University School of Medicine; Medical Investigator, Veterans Administration Hospital, Washington, D.C.

JESSE ROTH, M.D.—Chief, Diabetes Branch, National Institute of Arthritis, Metabolism and Digestive Diseases, Bethesda.

LESTER B. SALANS, M.D. (ex-officio)—Associate Director for Diabetes, National Institute of Arthritis, Metabolism and Digestive Diseases, Bethesda.

MARK A. SPERLING, M.D.—Associate Professor, Pediatrics, University of California School of Medicine, Los Angeles.

PAUL E. LACY, M.D.—Chairman, Coordinating Committee for Scientific Activities, American Diabetes Association; Mallinckrodt Professor and Chairman, Department of Pathology, Washington University School of Medicine, St. Louis.

1977 Nobel Prize in Physiology or Medicine

Over the years, diabetes-related research has resulted in more Nobel Prizes than any other single disease-oriented area of scientific investigation. In 1977, the Nobel Prize in Physiology or Medicine was divided among three Americans: one half of the Prize was given to Dr. Rosalyn S. Yalow of the Bronx Veterans Administration Hospital, and the other half of the Prize was divided between Dr. Roger Guillemin and Dr. Andrew Schally.

Dr. Yalow, a long-time member of the American Diabetes Association, was honored for the work she and the late Dr. Solomon A. Berson accomplished more than twenty years ago in developing a very sensitive method to measure minute amounts of insulin and other hormones in the blood. Called the radioimmunoassay technique, this procedure has been essential in the expansion of knowledge about diabetes and other metabolic diseases.

With the help of the radioimmunoassay technique, Dr. Guillemin and Dr. Schally, working independently,

have isolated and characterized substances from a portion of the brain. One of these substances, somatostatin, has now been identified in many parts of the body including the Islets of Langerhans, where it may importantly influence the interrelationship between glucagon and insulin secretion.

The immense value of Dr. Berson's and Dr. Yalow's work has long been recognized by their colleagues in the American Diabetes Association. In 1961, Dr. Yalow was awarded the Association's prestigious Lilly Award, which is presented annually to a researcher under the age of 40 for an outstanding contribution to research related to diabetes. Dr. Berson received the Lilly Award in 1957. The work of Dr. Yalow and Dr. Berson was further recognized by the Association in 1965, when Dr. Berson presented the Banting Lecture, the Association's highest scientific award, with Dr. Yalow as co-author.

Perhaps the best expression of the Association's feelings is contained in the closing portion of a congratulatory telegram sent to Dr. Yalow by Dr. Norbert Freinkel, President of the Association:
"Your work has touched the life of every diabetic and we extend our congratulations with affection, pride, and profound gratitude."

BUILDING TOGETHER through Informative Publications



One of the most visible evidences of the Association's increasing momentum is in the expansion of our educational activities—both professional and patient—through our publications.

Diabetes: The Journal of the American Diabetes
Association is edited by David M. Kipnis, M.D., St. Louis,
and a most capable editorial staff. It is guided by a
distinguished editorial board of prominent professionals.
This prestigious monthly was created in 1942 and over
the years has become the leading scientific publication
for new discoveries in the field.

Diabetes Forecast was launched in 1948 to fulfill some of the educational needs of the diabetic patient. Reflecting the heightened interest in research developments, every issue of Forecast now carries information on some aspect of research. Under the direction of Leo P. Krall, M.D., a very effective editorial board and publications specialists, Forecast has climbed to a new circulation high of 125,000.

Diabetes Care, the Association's new bimonthly clinical journal, edited by Jay S. Skyler, M.D., began publication in 1978. It is devoted to that very special audience of diabetes educators and clinicians, and is aimed at improving the care of patients with diabetes.

Diabetes Forecast offers another valuable service to readers. Reprints of articles of widespread and lasting interest, which have appeared in its pages, may be obtained in single or multiple copies at nominal cost from the publication.

BUILDING TOGETHER through Bequests and Memorials

BEQUESTS:

It is very likely you are reading this Report because you have a sense of involvement with the diabetes community, or are simply a compassionate individual concerned about your fellowman.

Among the most enduring ways in which you can serve the needs of the Association, and help bring closer that day when no one need fear diabetes any longer, is giving by bequest.

It is not a complex procedure. In fact, the suggested wording for making a bequest to the Association is quite simple, as this suggested wording shows:

"I hereby give and bequeath to the American Diabetes Association, Inc., a corporation organized under the laws of the State of Ohio, and having its principal offices at 600 Fifth Avenue, New York, New York 10020...."

That wording is for the general utilization of the bequest by the Association. Should you wish your bequest to be used for a special purpose, you can so direct. The wording suggested for a residual bequest is as follows:

"... all the rest, residue and remainder of my estate I give to the American Diabetes Associaton, Inc., a corporation organized under the laws of the State of Ohio, and having its principal offices at 600 Fifth Avenue, New York, New York 10020."

You will want, of course, to discuss the drafting of either of these forms with your attorney, and have it incorporated in your will, under his professional guidance.

If you prefer to name an Affiliate or Chapter as your beneficiary, you can use a similar form. However, we suggest that your local diabetes association and your attorney be consulted.

MEMORIALS:

It is becoming increasingly common to pay a thoughtful, and practical, tribute to the memory of a departed relative or friend through a memorial gift to the American Diabetes Association.

As with a bequest, or any contribution, such a memorial will play a role in hastening the day when diabetes and its tragic complications are finally overcome.

The memorial received by the Association is promptly acknowledged to the bereaved family; and no reference is made as to the amount of the memorial remembrance. The donor also receives an acknowledgment, together with a receipt for the gift.

Why not keep this helpful suggestion in mind, and make it a point to participate in the memorial program of your local ADA Affiliate or Chapter, if one is in your area. Otherwise, you can send your memorial gift to the American Diabetes Association, Inc., 600 Fifth Avenue, New York, New York 10020.

BUILDING TOGETHER through Achievement

At the Thirty-Seventh Annual Meeting of the American Diabetes Association in St. Louis in June

Awards 1977



Philip Felts, M.D. accepts the Upjohn Award from ADA President, Donnell D. Etzwiler, M.D. (left)



Dr. Etzwiler presents the Ames Award to Rita N. Nemchik, R.N.



Peter H. Bennett, M.D. receives the Lilly Award from Dr. Etzwiler at the Awards Banquet.



The Pfizer Award went to Henry E. Oppenheimer, M.D.



David M. Kipnis, M.D. received the Banting Award, and also gave the Annual Banting Lecture.



Outstanding Affiliate Service Award was given to Mr. and Mrs. Harvey Carafiol by Wendell Mayes, Jr.



Addison B. Scoville Jr., M.D., a past President, gives the Award bearing his name to outgoing Chairman of the Board. Wendell Mayes, Jr.



Dr. Etzwiler turns over the Banting Gavel to Norbert Freinkel, M.D., incoming President of the American Diabetes Association.

Awards 1978



Frederick C. Goetz, M.D. accepts the Upjohn Award from ADA President Norbert Freinkel, M.D. (right)



Dr. Freinkel looks over the Ames Award which he has just presented to Barbara Prater, R.D.



Dr. Freinkel congratulates J. Denis McGarry, Ph.D. upon winning the Lilly Award.



Priscilla White, M.D. shakes hands with Dr. Freinkel as she accepts the Pfizer Award.



The Banting Award was given to Stefan S. Fajans, M.D., who also gave the Banting Lecture



Mrs. Sheldon Feinman received the Outstanding Affiliate Service Award from Chairman of the Board Myles H. Tanenbaum.



Wayne Newton's Road Manager, Mitchell Greenberg. accepts the Dr. Charles H. Best Award from Myles H. Tanenbaum in Mr. Newton's absence



The traditional passing of the Banting Gavel-Dr. Freinkel has just passed the symbol of leadership to incoming President, Fred W. Whitehouse, M.D.

BUILDING TOGETHER through ADA Advocacy Action

INSURANCE:

The ability to purchase adequate life and health insurance coverage is something most people can take for granted. Many diabetics, however, find it impossible to purchase either health insurance or life insurance needed to protect themselves and their families against financial loss. To help fill this serious gap, the Association's Committee on Insurance has worked with a number of insurance companies to urge them to make adequate insurance coverage available to all diabetics. The approval of a supplementary hospital indemnity insurance plan, available only to Association members, is one result of these concerned efforts.

Term life insurance on a group basis has also been made available to eligible members through these efforts.

Through still another plan, developed with the assistance of the Committee, ordinary life insurance at standard rates is available on an individual basis to diabetics who meet the offering company's underwriting criteria. To those who cannot meet these criteria, life insurance is often available from the company at somewhat higher rates.

The Association is also looking into a special plan that would make life insurance available to diabetics between the ages of 6 and 20. It is anticipated that this plan will be approved for sale to Association members sometime in 1978.

EMPLOYMENT:

The Association is constantly aware of the problems many diabetics encounter with employment matters. Through the Committee on Employment and Opportunities for Diabetics, ADA plays an active role in helping to improve the employment situation.

Materials have been produced, for distribution through Affiliates and Chapters, to educate both employers and diabetics who are now employed, or looking for employment.

Guidelines are available for determining employability, choosing a fitting career, and protecting one's rights under the most recent federal regulations. Committee members frequently step in personally to mediate in cases of apparent discrimination.

The Association continues to expand and strengthen its efforts in these areas.



24th and 25th Postgraduate Courses Held

"Diabetes in Review: Clinical Conferences 1977 and 1978" were held in Los Angeles and New York, respectively.

The Los Angeles program, developed by Leona V. Miller, M.D., Director, and co-chaired by Mayer B. Davidson, M.D., Carelyn P. Fylling, R.N., Lillian Haddock, M.D., and Mary Pearce, R.N., had a total registration of 561.

Harold Rifkin, M.D., as Director, gets the credit, along with his Co-Directors Sheldon J. Bleicher, M.D., Marie Cafiero, R.N., Ruth Cusack, Ph.D., for the program presented in New York to 577 physicians and other health team members, such as nurses and dietitians.

These programs were under the direction of the Committee on Professional Education chaired by Russell L. Poucher, M.D., in 1977, and Harold Rifkin, M.D., in 1978.

Staff Development and Training

The American Diabetes Association as a voluntary health organization has its policies and program direction guided and determined by the thousands of dedicated, concerned volunteers who serve the Association at Affiliate and National levels.

The effectiveness of this volunteer service is shaped, in large measure, by the quality of the staff that is available to assist the volunteers in carrying out the Association's program objectives and goals.

In 1977, as for the past three years, the Association conducted a three-day Staff Development Conference in which Affiliate and national staff met with coworkers around the country to learn about Association management and program development.

The rapid growth of the Association over the past several years is a direct reflection of the improved efficiency of the staff who helped to make this growth possible.

BUILDING TOGETHER through Camp Programs and Activities

Healthful and positive camp programs continued to flourish and grow during the period covered by this report.

The many camps and camp programs conducted around the country by Affiliates and their chapters offer a variety of activities from arts and crafts to hiking and other outdoor sports. They are staffed with dedicated physicians, nurses and dietitians who teach the youngsters how to control their diabetes.

Thousands and thousands of young lives are shaped annually to learn, and benefit from this learning, so that they may lead more normal, productive lives in

coming years.

Menus are designed to meet the nutritional needs of the children. Good nourishment, good exercise, good training—all under professional attention and direction—give children the chance to learn about themselves, as well as to learn they are not alone with their diabetes.

On June 4th through 7th, of 1978, the Fifth International Conference on Diabetes and Camping was held.

Whereas 1977's Conference concerned itself with "The Psychological Aspects of Juvenile Diabetes", this year's theme was "Camper and Staff Development". An enthusiastic group participated eagerly in a program which all found to their liking.

The Conference was sponsored by the Association in conjunction with the Clara Barton Camp, Unitarian Universalist Women's Federation, Elliott P. Joslin Camp, Joslin Diabetes Foundation, Inc., and the American Diabetes Association's New England Affiliate.

Chairman of the 1978 Conference was Paul B.
Madden of Joslin Clinic. He was ably assisted by
Co-Chairmen Elizabeth Kruczek of the Clara Barton
Camp, Massachusetts, and Edward Ferguson, Director
of Camp Hazen, Connecticut.



ADA Southern California Affiliate's Camp Chinnock offers summer adventure and a wide variety of activities for diabetic youngsters from age 7 to 16. Campers, like the boy shown here, are taught to control their diabetes effectively.



Typical of the widespread Affiliate activity in camp programs is this scene. Carolyn Sannar, R.N., Chairman of the Washington Affiliate's State Camp Committee, and member of its Board of Directors, addresses Unit presidents on the camp program plans for the year

BUILDING TOGETHER through Affiliate Action

The 1977 through June, 1978 period was a time for allout action on the Affiliate front. It was a record period for a wide variety of professionally-staged events, patient and professional education, and community service. Space does not permit coverage of the exciting activities of all the Affiliates, so we'll give highlights of just two of the Affiliates.

In 1977, ADA Minnesota Affiliate raised \$197,200 through a February Valentine Ball, Style Show, 13 Skate-a-thons, 13 Bike-a-thons, a Golf Classic, a Vic Damone Concert, Garage Sales, Canisters, CB Breaks, and Cut-a-thons.

There were major corporate and foundation gifts to the sum of \$107,080, as well as donations toward special events from many corporations.

Two major professional meetings were held in 1977 for physicians, nurses, dietitians, pharmacists, and other health professionals.

In 1977, the TEAM concept (a workshop featuring a team of nurse, dietitian and physician) became the most significant education program of this Affiliate. By December, 1977, workshops held in 26 communities had reached 255 physicians and over 2500 other participants.

Local fund raising and the Holiday Sales Program, through the expanded sales of greeting cards and holiday gifts, accounted for a total of \$423,000 exclusively for diabetes research.

ADA North Dakota Affiliate held diabetes workshops in Dickinson, Williston, Rugby, and the Ft. Totten Indian Reservation.

In the professional education area, North Dakota conducted the Second Annual State-wide Diabetes Symposium for physicians and health professionals on April 15, 1977.

On the public education front, North Dakota reports that films on diabetes were shown 40 times to a collective audience of over 2,000 people by Units and Affiliate. They also participated in 26 health fairs and displays. Lawrence Welk appeared at a golf tournament and banquet for North Dakota.

Following you will see photographs testifying to the wide and numerous Affiliate activities throughout the nation.



Roger Staubach of the Dallas Cowboys is shown here accepting "Distinguished Service Award" from Helen Jane Wamboldt, President of ADA North Texas Affiliate, and George Schepps, left.



Carolyn Carder, President of the Colorado Affiliate, and Arnold Schwanke (right), Executive Director, are receiving the "Red" Miller Day Proclamation from Denver Mayor William H. McNichols, Jr. A successful fund-raising "roast" of Coach Miller was part of the festivities.



Gerald J. Friedman, M.D., General Chairman of ADA New York Affiliate's first Diabetes Humanitarian Award Dinner, reviews his speech notes with guest Douglas Fairbanks, Jr., who presented the Award to former President Gerald R. Ford. John J. Bookman, M.D., Affiliate President of ADA New York, looks on. THE CHAMPAGNE MUSIC OF

December 20, 1977

Ms. Mary Ann Keller American Diabetes Association Box 234 Grand Forks, ND 58201

Dear Ms. Keller:

Thank you for your informative letter and enclasures of December 12th.

I do indeed appreciate your need and the importance of your program. I have some first hand knowledge of the problems of diabetes, as my mather was diabetes.

As it stands now, my annual trip to Strasburg is set for May 18-24. My only tentative commitment so far is for Sunday, May 21. I've been invited to attend and participate in my home town's high school graduation exercises and want very much to do this. If you could arrange for a golf tournament during my stay, I would be happy to spare you some time. Or if you thinh o little show or evening benefit would be better, I could arrange to bring along my accordion.

Above is reproduced a gracious letter of acceptance from Lawrence Welk to appear at a benefit Golf Tournament.



Fans gather around benefit start performer Wayne Newton, after his performance in Kansas City, Mo. for ADA Heart of America Affiliate in October, 1977. 5,000 tickets were sold.



Former Missouri Governor Christopher "Kit" Bond, left, guest speaker at Heart of America's Annual Meeting, chats with Tom Cannon, President of the Affiliate. Bond appeared on behalf of the Affiliate at the FDA hearing in Washington on the proposed saccharin ban,



Paul Ray, Ph.D., Department of Biochemistry, University of North Dakota, left accepts \$2,500 research grant check from George Johnson, M.D., President of ADA North Dakota Affiliate.



Len Haba, Past President and Past Chairman of ADA Washington Affiliate Board and member of the National Board, was fund-raising "Celebrity Chef" at McDonald's.

BUILDING TOGETHER through Affiliate Action



Robert Granville, far left, Executive Director of ADA New Jersey Affiliate, and Mrs. Frances Tasner, Associate Director, at right in background, look on as Mrs. Mary Sandmeyer, Staff Specialist, treats patient in screening program.



The ADA Greater Philadelphia Affiliate held its Annual Dinner Dance at the Union League. Dorothy Struzinski, President of the Philadelphia Chapter, left, is shown here with John P. Kelly, Jr., City Councilman and Chairman of the event, and Juanita Hanson, Executive Director. Senator Schweiker of Pennsylvania was awarded the Reber Memorial Award of ADA at the dinner.



"Visions of Sugarless Plums" theme and display garnered second-place award for the Greater Philadelphia Affiliate at the annual Emergency Aid Charity Bazaar. Over 100 charities participated in this successful fund-raising event.



Immediate Past President of ADA Pennsylvania Affiliate, Beverly Kanig, presents a \$7,100 check to Leo P. Krall, M.D., Editor of *Diabetes Forecast*, for use in ADA research.



Three youthful Bike-a-thon participants check out the route before taking off for the 1977 Reading, Pennsylvania Chapter fund-raising event.



Volunteers assist at diabetes screening test for ADA Upstate New York Chapter's detection program.



Patients line up in the Nashville Third National Bank Screening Center for ADA Middle Tennessee Chapter Detection Program.



Officers of the ADA Upstate New York Chapter Executive Committee present Dan Herrmann, President of Fay's Drug Company with an Outstanding Service Award for continuous support of ADA.



Four distinguished guests at the ADA New York Affiliate's first Diabetes Humanitarian Award Dinner. From left to right: Former President Gerald R. Ford, Honorary Campaign Chairman for ADA, Cliff Robertson, Dina Merrill, member of ADA President's Advisory Council, and Douglas Fairbanks, Jr.



It's time-out time for two participants after their 25-mile ride in the ADA Delaware Affiliate Bike-a-thon. Over \$5,000 was raised through this event.



ADA Indiana Affiliate's "Skate-a-thon to Beat Diabetes" was held in 18 Hoosier cities. Here you see Wendy Wallace with Luke Boston, 13 months old!



"Big Bird" hugs ADA Washington Affiliate Bike-a-thon chairman, Jim Campbell. Jim is also President of the South Seattle Unit.

Affiliate Diabetes Associations

Alabama

American Diabetes Association Alabama Affiliate, Inc. 904 Bob Wallace Avenue, S.E., Suite 222 Huntsville, Alabama 35801

Alaska

See Washington Affiliate

Arizona

American Diabetes Association Arizona Affiliate, Inc. 555 West Catalina Drive, #14 Phoenix, Arizona 85013

Unit:

Tucson 4901 E. Fifth Street, Suite 203 Tucson, Arizona 85716

Arkansas

American Diabetes Association Arkansas Affiliate, Inc. 5422 West Markham Little Rock, Arkansas 77205

California

American Diabetes Association Northern California Affiliate, Inc. 255 Hugo Street San Francisco, California 91422

Chapters:

Alameda-Contra Costa 4383 Piedmont Avenue Oakland, California 94611

Marin County Sierra Building, Room 105 1368 Lincoln Avenue San Rafael, California 49401

Sacramento Central Methodist Church 5265 H Street Sacramento, California 95819

San Mateo 3080 La Selva, Room 26 San Mateo, California 94403

American Diabetes Association Southern California Affiliate, Inc. 1127 Crenshaw Boulevard Los Angeles, California 90019

Chapters: San Diego

3420 Kenyon Street, Suite 240 San Diego, California 92110

Orange County 1215 East Chapman Avenue, Suite 4D Orange, California 92666

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Delaware

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District of Columbia

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Florida

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Cincinnati, Ohlo 45202
American Diabetes Association
Dayton Area Affiliate, Inc.
184 Salem Avenue
Dayton, Ohio 45406

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Allentown, Pennsylvania 18103

Rhode Island

See Massachusetts

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American Diabetes Association South Texas Affiliate, Inc. 1536 East Anderson Lane, Suite 36 Austin, Texas 78752

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Wisconsin

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American Diabetes Association, Inc. 600 FIFTH AVENUE, NEW YORK, N.Y. 10020 Member National Health Council Member Combined Federal Campaign

The achievements of the American Diabetes Association during the year 1977 are once more a reflection of the enormous effort of our volunteers, the devotion of our staff, and the unbending commitment of the entire organization to improve the well-being of all those with diabetes.

As with all voluntary health organizations. achievements in ADA are reflected in terms of effective programs. First and foremost, the American Diabetes Association is committed to assist those with diabetes, as well as their families, in the daily management of their ailment by providing on-going programs of patient education. Because trained professionals are essential in dealing with a serious health problem, the Association also carries on a continuing education program for all those in the health delivery system: doctors, nurses, dieticians, podiatrists, dentists, and other health professionals. Another important component program involves ADA's efforts to educate the public about diabetes, its problems, and the ways in which everyone can lend a hand.

During 1977, the American Diabetes Association increased its support for these programs, including the sponsorship of summer camps by over 27% to an all-time high of over \$5,680,000 Of course, a good many of these programs generate offsetting revenue such as fees from camperships, charges for seminars and courses for health professionals, and subscriptions to the Association's outstanding publications (Diabetes Forecast, directed towards those with diabetes; and Diabetes: The Journal of the American Diabetes Association and Diabetes Care, directed towards the health professionals).



Research expenditures during 1977 also reached an all-time high, amounting to more than six times as much as spent five years earlier. And ADA's work with the Congress and the Administration in Washington was instrumental in raising the Government's commitment to diabetes research to over four times the level of five years ago.

The resources that enabled ADA to expand its programs and research expenditures also rose. Total support and revenue during 1977 increased over 24% with virtually all sources of income increasing at the same pace.

This brief report, since it accompanies ADA's financial statements, is expressed largely in statistical terms. While numbers go far in telling the story, they fall short in expressing the true commitment of time and energy by ADA's 125,000 plus membership, and the larger cadre of volunteers who have worked so hard throughout the year to improve the well-being of all those with diabetes.

Balance Sheets at December 31, 1977 and December 31, 1976

ASSETS:		
General Funds—Unrestricted:	19 7 7	1976
Cash, including certificates of deposit of \$163,266 and \$87,166, respectively Receivables from Affiliates for share of contributions, less allowance	\$ 362,655	\$ 262,024
for doubtful accounts of \$60,000 and \$10,000, respectively (Note 2) Other accounts receivable, less allowance	978,217	590,904
for doubtful accounts of \$7,797 and \$2,355, respectively Bequests receivable (Note 1)	40,710 28,002	61,858 26,392
Contributions receivable (Note 1)	11,365	12,580
Supplies for sale or use, at cost	34,680 35,407	70,968 70,769 11.732
Due from the Fund for Research		11,/32
	41.401.006	\$1,107,227
General Funds—Restricted:	\$1,491,036	\$1,107,227
The Fund for Research:		. 0.003
Cash	\$ 36,591	\$ 9,993 27,528
Other assets.	242,755 2,237	150,000 287
Due from General Fund	36.574	187,808
Other funds: Cash including certificate of deposits (\$2.6.70 to 1.0.00 to 1	318,157	62,834
Cash, including certificate of deposit of \$36,734 and \$62,834, respectively	38,688 \$ 356,845	\$ 250,642
Fixed Assets Fund (Note 1): Furniture, fixtures and equipment less accumulated depreciation of \$30,839 and \$23,152, respectively.		=======
Leasehold improvements less accumulated	55,090	59,839
reform the specific line is a second	5,727	7.049
See accompanying notes to financial statements.	\$ 60,817	\$ 66,888

To the Board of Directors. American Diabetes Association, Inc.:

We have examined the balance sheets of the AMERICAN DIABETES ASSOCIATION, INC. (NATIONAL HEADQUARTERS) as of December 31, 1977 and 1976 and the related statements of support, revenue and expenses and changes in fund balances and of functional expenses for the year ended December 31.1977 (pages 3) through 10, inclusive). Our examinations were made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the financial statements referred to above present fairly the financial position of the American Diabetes Association, Inc. (National Headquarters) at December 31, 1977 and 1976, and the results of its operations and the changes in its fund balances for the year ended December 31, 1977, in conformity with generally accepted accounting principles, which, except for the change, with which we concur, in the method of recording research and development awards as described in Note 3 to the financial statements, have been applied on a consistent basis

New York, New York May 12, 1978

Coopers & Lybrand

LIABILITIES AND FUND BALANCES:

Seneral Funds					
Due to Fund for Research \$ 36,574 Accounts payable and accrued liabilities 203,110 \$ 184,264 Payables to Affiliates for share of contributions (Note 2) 45,664 91,247 Pension liability (Note 7) 173,686 Deferred income: 173,686 Unexpired subscriptions: 323,433 \$259,415 Diabetes Forecast \$323,433 \$259,415 Diabetes: The Journal of the American Diabetes 48,094 104,875 Association 91,033 79,369 Membership dues 130,940 104,875 Postgraduate course 25,477 570,883 443,659 Fund balance Wendell Mayes, Jr. Affiliate Development Fund (Note 4) 500,000 134,805 634,805 214,371 214,371 Undesignated (Note 3) 134,805 634,805 214,371 \$1,107,227 General Funds—Restricted: The Fund for Research: \$216,381 \$29,349 Due to General Fund 1,100 Accrued liabilities 1,100 146,727 Fund balance (Notes 3 and 5) 100,676 318,157 187,808 Other fund	General Funds—Unrestricted:		1977		1976
Accounts payable and accrued liabilities 203,110			\$ 36.574		
Payables to Affiliates for share of contributions (Note 2) 45,664 91,247 Pension liability (Note 7) 173,686 Deferred income: 173,686 Unexpired subscriptions: 323,433 \$259,415 Diabetes Forecast \$323,433 \$259,415 Diabetes: The Journal of the American Diabetes 91,033 79,369 Association 91,033 79,369 Membership dues 130,940 104,875 Postgraduate course 25,477 570,883 443,659 Fund balance Wendell Mayes, Jr. Affiliate Development Fund (Note 4) 500,000 134,805 634,805 214,371 214,371 Undesignated (Note 3) 134,805 634,805 214,371 214,371 Fund for Research: \$216,381 \$29,349 11,732 General Funds—Restricted: \$1,100 1,100 Fund balance (Notes 3 and 5) 100,676 146,727 187,808 Other fund balances (Note 6) 38,688 62,834					\$ 184.264
Pension liability (Note 7). 173,686 Deferred income: 173,686 Unexpired subscriptions: 323,433 \$259,415 Diabetes Forecast \$323,433 \$259,415 Diabetes: The Journal of the American Diabetes 91,033 79,369 Association 91,033 79,369 Membership dues 130,940 104,875 Postgraduate course 25,477 570,883 443,659 Fund balance Wendell Mayes, Jr. Affiliate Development Fund (Note 4) 500,000 134,805 214,371 214,371 Undesignated (Note 3) 134,805 634,805 214,371 214,371 \$1,107,227 \$1,491,036 \$1,107,227 General Funds—Restricted: The Fund for Research: \$216,381 \$29,349 Due to General Fund 1,100 Accrued liabilities 1,100 Fund balance (Notes 3 and 5) 100,676 146,727 187,808 Other fund balances (Note 6) 38,688 62,834					т /
Deferred income: Unexpired subscriptions: \$323,433 \$259,415 Diabetes Forecast \$323,433 \$259,415 Diabetes: The Journal of the American Diabetes Association 91,033 79,369 Membership dues 130,940 104,875 Postgraduate course 25,477 570,883 443,659 Fund balance Wendell Mayes, Jr. Affiliate Development Fund (Note 4) Undesignated (Note 3) 134,805 634,805 214,371 214,371 \$1,107,227 \$1,491,036 \$1,491,036 \$1,491,036 \$1,107,227 \$1,732			10,001		,
Unexpired subscriptions: 323,433 \$259,415 Diabetes Forecast \$323,433 \$259,415 Diabetes: The Journal of the American Diabetes 79,369 Association 91,033 79,369 Membership dues. 130,940 104,875 Postgraduate course 25,477 570,883 443,659 Fund balance Wendell Mayes, Jr. Affiliate Development Fund (Note 4) 500,000 214,371 214,371 Undesignated (Note 3) 134,805 634,805 214,371 \$1,107,227 General Funds—Restricted: The Fund for Research: \$216,381 \$29,349 Due to General Fund 1,100 11,732 Accrued liabilities 1,100 100,676 146,727 Fund balance (Notes 3 and 5) 100,676 187,808 Other fund balances (Note 6) 38,688 62,834	Deferred income:				170,000
Diabetes Forecast \$323,433 \$259,415 Diabetes: The Journal of the American Diabetes 91,033 79,369 Association 91,033 79,369 Membership dues 130,940 104,875 Postgraduate course 25,477 570,883 443,659 Fund balance Wendell Mayes, Jr. Affiliate Development Fund (Note 4) 500,000 214,371 214,371 Undesignated (Note 3) 134,805 634,805 214,371 \$1,107,227 General Funds—Restricted: The Fund for Research: \$216,381 \$29,349 Due to General Fund 1,100 Accrued liabilities 1,100 Fund balance (Notes 3 and 5) 100,676 146,727 187,808 Other fund balances (Note 6) 38,688 62,834					
Diabetes: The Journal of the American Diabetes 4ssociation 91,033 79,369 Membership dues. 130,940 104,875 Postgraduate course 25,477 570,883 443,659 Fund balance Wendell Mayes, Jr. Affiliate Development Fund (Note 4) 500,000 214,371 214,371 Undesignated (Note 3) 134,805 634,805 214,371 \$1,107,227 General Funds—Restricted: The Fund for Research: \$ 216,381 \$ 29,349 Due to General Fund 1,100 Accrued liabilities 1,100 Fund balance (Notes 3 and 5) 100,676 146,727 187,808 Other fund balances (Note 6) 38,688 62,834		\$323 433		\$259 415	
Association 91,033 79,369 Membership dues. 130,940 104,875 Postgraduate course 25,477 570,883 443,659 Fund balance Wendell Mayes, Jr. Affiliate Development Fund (Note 4) 500,000 214,371 214,371 Undesignated (Note 3) 134,805 634,805 214,371 \$1,107,227 General Funds—Restricted: The Fund for Research: \$ 216,381 \$ 29,349 Due to General Fund 1,100 Accrued liabilities 1,100 Fund balance (Notes 3 and 5) 100,676 146,727 187,808 Other fund balances (Note 6) 38,688 62,834		ψο20, 100		Ψ205,110	
Membership dues. 130,940 104,875 Postgraduate course 25,477 570,883 443,659 Fund balance Wendell Mayes, Jr. Affiliate Development Fund (Note 4) Undesignated (Note 3) 500,000 134,805 214,371 214,371 General Funds—Restricted: \$1,491,036 \$1,107,227 General Fund for Research: Research awards and grants payable \$216,381 \$29,349 Due to General Fund Accrued liabilities 1,100 Fund balance (Notes 3 and 5) 100,676 318,157 146,727 187,808 Other fund balances (Note 6) 38,688 62,834		91.033		79 369	
Postgraduate course		,		. ,	
Fund balance Wendell Mayes, Jr. Affiliate Development Fund (Note 4) Undesignated (Note 3) General Funds—Restricted: The Fund for Research: Research awards and grants payable Due to General Fund Accrued liabilities Fund balance (Notes 3 and 5) Other fund balances (Note 6) Too. 000 134,805 634,805 1,107,227 \$1,491,036 \$214,371 \$1,107,227 \$29,349 11,732 \$1,100 \$1,1			570.883	201,070	443,659
Wendell Mayes, Jr. Affiliate Development Fund (Note 4) 500,000 134,805 634,805 214,371 214,371 General Funds—Restricted: The Fund for Research: Research awards and grants payable \$ 216,381 \$ 29,349 Due to General Fund Accrued liabilities 1,100 Fund balance (Notes 3 and 5) 100,676 146,727 318,157 Other fund balances (Note 6) 38,688	1 Osigiaduate course		0,0,000		-,
Undesignated (Note 3) 134,805 634,805 214,371 214,371 \$1,491,036 \$1,491,036 \$1,107,227 General Funds—Restricted: The Fund for Research: \$216,381 \$29,349 Due to General Fund 1,100 Accrued liabilities 1,100 Fund balance (Notes 3 and 5) 100,676 146,727 318,157 187,808 Other fund balances (Note 6) 38,688 62,834	Fund balance				
Undesignated (Note 3)	Wendell Mayes, Jr. Affiliate Development Fund (Note 4)	500,000			
General Funds—Restricted: The Fund for Research: Research awards and grants payable \$ 216,381 \$ 29,349 Due to General Fund 11,732 Accrued liabilities 1,100 Fund balance (Notes 3 and 5) 100,676 146,727 318,157 187,808 Other fund balances (Note 6) 38,688 62,834	Undesignated (Note 3)	134,805	634,805	214,371	
The Fund for Research: \$ 216,381 \$ 29,349 Research awards and grants payable \$ 11,732 Due to General Fund \$ 1,100 Accrued liabilities \$ 100,676 Fund balance (Notes 3 and 5) \$ 100,676 Other fund balances (Note 6) \$ 38,688			\$1,491,036		\$1,107,227
The Fund for Research: \$ 216,381 \$ 29,349 Research awards and grants payable \$ 11,732 Due to General Fund \$ 1,100 Accrued liabilities \$ 100,676 Fund balance (Notes 3 and 5) \$ 100,676 Other fund balances (Note 6) \$ 38,688					
Research awards and grants payable \$ 216,381 \$ 29,349 Due to General Fund 11,732 Accrued liabilities 1,100 Fund balance (Notes 3 and 5) 100,676 146,727 318,157 187,808 Other fund balances (Note 6) 38,688 62,834					
Research awards and grants payable 11,732 Due to General Fund 1,100 Accrued liabilities 1,100 Fund balance (Notes 3 and 5) 100,676 146,727 187,808 187,808 Other fund balances (Note 6) 38,688 62,834 Other fund balances (Note 6) 38,688 0,550,649 Other fund balances (Note 6) 38,688 38,688 38,688 Other fund balances (Note 6) 38,688 38	The Fund for Research:		A 01 C 001		\$ 29.349
Due to General Fund Accrued liabilities 1,100 Fund balance (Notes 3 and 5) 100,676 / 318,157 146,727 / 187,808 Other fund balances (Note 6) 38,688 62,834			\$ 216,381		т ,
Fund balance (Notes 3 and 5) Other fund balances (Note 6). 100,676 318,157 187,808 62,834	Due to General Fund		1 100		11,702
Fund balance (Notes 3 and 5)	Accrued liabilities		1,100		
Fund balance (Notes 3 and 5)			100 676		146 727
Other fund balances (Note 6)	Fund balance (Notes 3 and 5)				
Other fund balances (Note 6)			318,157		107,000
() Ther filled balances (Note b)			38 688		62,834
\$ 330,043	Other fund balances (Note 6)				\$ 250.642
			\$ 330,043		
Fixed Assets Fund (Note 1):	Fixed Assets Fund (Note 1):				

66.888 60,817 Fund balance....

AMERICAN DIABETES ASSOCIATION, INC. (NATIONAL HEADQUARTERS)

Statement of Support, Revenue and Expenses and Changes in Fund Balances for the Year Ended December 31, 1977, with Comparative Totals for the Year Ended December 31, 1976

GENERAL FUNDS RESTRICTED

General Funds	The Fund for	Other Restricted	Fixed Assets	Total All Funds	
Unrestricted	Research	Funds	Fund	1977	1976
\$ 516,571	\$ 334,355	\$ 28,374		\$ 879,300	\$ 862,987
74,746	27,405			102,151	241,379
591,317	361,760	28,374		981,451	1,104,366
830,386	920.000			830,386	479,556
1,421,703	<u>230,822</u> 592,582	28,374		230,822	202,444
	372,382			2,042,659	1,786,366
63,306				63,306	71,328
829,361				829,361	713,985
227,281 11,232	1,969	1,537		227,281 14,738	257,165 8,981
11,232	6,583	1,557		6,583	5,863
45,442	5,346	423		51,211	74,494
165,333	4 7 60			165,333	6.440
9,671	4,562	1.060		14,233	6,448
1,351,626	18,460	1,960 30,334		1,372,046	1,138,264 2,924,630
2,773,329	611,042	30,334		3,414,703	2,924,000
594,761		20,000	\$ 2,937	617,698	519,852
759,743			4,404	764,147	660,077
307,378	454.050	23,388	1,468	332,234 612,362	231,029 585,425
127,000	474,270	11,092	8,809	2,326,441	1,996,383
1,788,882	474,270	54,480	8,809	2,320,441	1,550,500
303,269			489	303,758	269,158
257,028			489	257,517	163,453
560,297			978	561,275	432,611
2,349,179	474,270	54,480	9,787	2,887,716	2,428,994 495,636
424,150	136,772	(24,146)	(9,787)	526,989 182,823	495,050
424,150	<u>182,823</u> (46,051)	(24,146)	(9,787)	344,166	495,636
			3,716		
(3,716)	146,727	62,834	66,888	490,820	(4,816)
214,371	\$ 100,676	\$ 38,688	\$ 60,817	\$ 834,986	\$ 490,820
\$ 634,805	\$ 100,676	30,000			

Statement of Functional Expenses (All Funds) for the Year Ended December 31, 1977 with Comparative Totals for the Year Ended December 31, 1976

		Program
Employee Compensation:	Professional Education	Patient Education
Staff salaries	\$176,226	\$232,268
Employee benefits (Note 7)	10,557	14,576
Payroll taxes	10,869	15,700
Total employee compensation	197,652	262,544
Outside printing, artwork, distribution, production, etc.	176,314	274,650
occupancy costs, . , , , ,	34,977	60,821
O mice supplies and postage	46,124	55,749
Support of Diabetes Commission	98,089	5,405
	9.833	11,000
	9,552	9,883
	1,516	-,-
Renewal effort and promotion Awards and grants (Note 3)	8,165	17,303
Awards and grants (Note 3) Travel		
EDP processing costs	12,862	17,744
Provision for doubtful accounts	12,616	30,196
Miscellaneous		
Miscellaneous.	7,061	14,448
	614,761	759,743
	2.937	4,404
Total expenses	\$617,698	\$764,147

See accompanying notes to financial statements.

Services			Supp	orting Servic	ces		ogram and ng Services
Public Education	Research	Total	Management & General	Fund Raising	Total	1977	1976
\$ 91,324 6,622 6,085	\$ 21,655 674 1,486	\$ 521,473 32,429 34,140	\$113,167 6,438 7,081	\$ 83,343 6,410 5,389	\$196,510 12,848 12,470	\$ 717,983 45,277 46,610	\$ 633,399 48,322 41,511
104,031	23,815	588,042	126,686	95,142	221,828	809,870	723,232
116,883 16,441 18,182 10,001 33,418 7,728	2,225 4,629 17,426 1,383 220 561,891	567,847 114,464 124,684 130,921 33,418 20,833 28,546 1,736 25,468 561,891	2,422 4,450 6,361 54,209 1,912 23,450	89,402 5,563 27,082 8,352 4,147 5,498	91,824 10,013 33,443 62,561 6,059 28,948	659,671 124,477 158,127 193,482 33,418 20,833 34,605 30,684 25,468 561,891	489,767 110,327 122,635 189,439 36,709 13,000 25,557 23,273 16,431 534,862
19,859	,	50,465	3,396	17,384	20,780	71,245 42,812	55,008 36,169
4,223	773	42,812 26,505	56,523 23,860	4,458	56,523 28,318	56,523 54,823	2,385 40,669
330,766	612,362	2,317,632	303,269	257,028 489	560,297 978	2,877,929 9,787	2,419,463 9,531
1,468 \$332,234	\$612,362	\$2,326,441	\$303,758	\$257,517	\$561,275	\$2,887,716	\$2,428,994

NOTES TO FINANCIAL STATEMENTS

1. Summary of accounting policies:

The American Diabetes Association, Inc. (the Association) is a non-profit voluntary health agency, exempt from income tax under Section 501 (c) 3 of the Internal Revenue Code, qualified for the 50% charitable contributions deduction, and has been classified as an organization that is not a private foundation under Section 509 (a) of the Internal Revenue Code.

The Association has affiliated organizations active in furthering the Association in local areas and regions. These financial statements are for the National Headquarters only.

The Association follows the standards of accounting and financial reporting for voluntary health and welfare organizations developed by the National Health Council and the National Assembly for Social Policy and Development.

Fixed assets:

Furniture, fixtures and equipment are stated at cost and are depreciated by the straight-line method over the estimated useful lives of the assets. Leasehold improvements are amortized over the life of the lease or over the estimated useful lives of the improvements, whichever is shorter.

Revenue:

Subscription revenue is recognized over the term of the subscription, which generally does not exceed three years. Support from the public is included in revenue when pledges are received unless designated for a specific year; in that case, they are included in revenue of the year for which designated. Assets received as gifts are recorded at the market value at date of gift. Bequests are recognized at the time an unassailable right to the gift has been established and proceeds are measurable in amount.

Other:

For additional accounting policies followed by the Association concerning research programs, see Note 3.

2. Division of income with affiliates:

The Association has agreements with its affiliates whereby certain contributions received by each affiliate are shared with the Association, and certain contributions received by the Association from the area served by an affiliate are shared with such affiliate. The sharing percentages for 1977 were generally 25% and 75%, respectively, and are expected to remain at this level hereafter. The sharing percentages for 1976 were generally 20% and 60%, respectively.

Outstanding receivables from affiliates were as follows:

	1977	1976
Receivables from affiliates:		
Within one year	\$ 915,263	\$528,619
After one year	122,954	72,285
	1,038,217	600,904
Less allowance for		
doubtful accounts	60,000	10,000
	\$ 978,217	\$590,904

For the year ended December 31, 1977, the Association accepted approximately \$50,400 of restricted research funds from certain affiliates in satisfaction of certain unrestricted receivables from these affiliates

3. Research programs:

The Association's awards for research and development are made for periods of from one to five years in length and are subject to annual renewal at the option of the Association. Prior to 1977 the amounts of such awards were recorded in the period for which the awards were made. Commencing with 1977, the Association has changed its accounting policy to record awards at the time of notification to the recipient. Awards subject to periodic renewal by the Association are recorded as an expense at the time of renewal. This method presents more completely the Association's financial commitments to fund research activities. The effect of this change is to increase 1977 research expense by \$24,027.

At December 31, 1977, the Association has remaining commitments for awards in excess of one year of \$555,000, of which \$185,000 is committed for 1978 and \$185,000, \$111,000 and \$74,000 are committed.

subject to review, for 1979 through 1981, respectively. Donated research funds of \$318,157 are available at December 31, 1977 for such payments.

Research awards and expesses totalling \$127,000 and \$125,000 for 1977 and 1976, respectively, were paid from General Funds—Unrestricted pursuant to resolutions of the Association's Board of Directors.

4. General Funds-Unrestricted fund balance:

On June 5, 1977, the Board of Directors approved the establishment of the Wendell Mayes, Jr., Affiliate Development Fund. This fund is to be established in an amount equal to that portion of the December 31, 1977 General Funds—Unrestricted fund balance in excess of \$100,000 but not to exceed \$500,000. The amount of the General Funds—Unrestricted fund balance at December 31, 1977 permits this fund to be established at the maximum of \$500,000.

5. Fund for research—Fund balance:

The balance sheet does not include the Nordisk Insulinfond Foundation for The Elliott P. Joslin Fellowship which the Association does not own but from which the Association is entitled to receive earnings as defined. The market value of the assets comprising this fund amounted to \$148,451 at December 31, 1977, and \$152,864 at December 31, 1976.

6. Fund balances—Restricted:

At December 31, 1977 and 1976, the Association's restricted funds, other than the Fund for Research, were donor designated for the following purposes:

17: 1 : 1 (:	1977	1976
Visual aids for instructions to diabetics and members of their families	\$26,939	\$25,811
International workshop on camping	6,814	6,107
Publication of the History of the American Diabetes Association	1,822	1,746
Camperships for diabetic children	1,159	1,110
Diabetes Federation Congress Support of Diabetes	1,954	4,671
Commission		23,389
	\$38,688	\$62,834

7. Pensions:

The Association has noncontributory trusteed pension plans for substantially all salaried employees who have reached the age of 25 and have one year of service. There is no unfunded past service cost. Total pension expense for 1977 and 1976 was \$33,486 and \$39,291, respectively, including administration and consulting costs of \$8,547 and \$1,746, respectively.

At December 31, 1976, the Association had an unfunded pension obligation to a retired employee, which was included in the balance sheet at the actuarially determined amount of the liability. On July 4, 1977, this retired employee died and, accordingly, the unpaid pension liability ceased being an obligation of the Association. Consequently, the unpaid amount of \$165,333 was recognized as revenue in General Funds—Unrestricted.

8. Lease expense:

The Association's lease for its office facilities, which expires in 1982, requires annual rental payments of approximately \$115,800.

9. Sales to affiliates:

Included in the sales of educational and testing materials are sales to affiliates of 65,304 and 63,824 for 1977 and 1976, respectively.

Combined Balance Sheet, December 31, 1977 and December 31, 1976 (Unaudited)

ASSETS:		
General Funds—Unrestricted:	1977	1976
Cash. Short term investments Accounts receivable Pledges receivable. Accrued interest Supplies for sale or use. Prepaid expense and other assets Securities held for investment (market value approximately \$93,405 and \$1,000)	\$2,720,247 674,742 234,964 137,650 4,034 83,008 69,074 101,602	\$1,864,852 584,130 225,642 111,164 258 119,030 93,697 1,000
General Funds—Restricted:	\$4,025,321	\$2,999,773
Cash Marketable secunities Other assets	\$ 769,231 342,542 294,274	\$ 490,250 249,577 54,063
Fixed Assets Fund:	\$1,406,047	\$ 793,890
Ungunerated and		
Unexpended cash	\$ 48,357 1,734,158 \$1,782,515	\$ 4,642 1,745,667 \$1,750,309
Endowment Fund:		====
Cash	\$ 67,102 43,311	\$ 9,665 101,930 \$ 111.595
See accompanying notes to combined financial statements.	\$ 110,413	111,550

LIABILITIES A	ND FUND	BALANCES:
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General Funds—Unrestricted:				
Accounts payable and accrued liabilities Pension liability (Note D)		\$ 844,464		\$ 575,463 173,685
Deferred income: Unexpired terms of subscriptions: Diabetes Forecast	\$ 323,433		\$ 259,415	
Diabetes: The Journal of the American Diabetes Association Membership dues Contributions Other	91,033 130,940 273,396 104,816	923,618	79,369 104,875 171,972 41,099	656,730
Fund balance (Note D) Wendell Mayes, Jr. Development Fund (Note F). Undesignated	500,000 1,757,239	2,257,239 \$4,025,321	1,593,895	1,593,895 \$2,999,773
General Funds—Restricted:				
Research grants and accounts payable Fund balance		\$ 221,877 1,184,170 \$1,406,047		\$ 34,071 759,819 \$ 793,890
Fixed Assets Fund:		\$ 91,569		\$ 112,143
Mortgages payable		\$ 91,509	\$ 4,642	Ψ 11 <u>2</u> ,-15
Unexpended cash	\$ 48,357		\$ 4,642	
Investment in land, buildings, equipment and improvements	1,642,589	1,690,946 \$1,782,515	1,633,524	1,638,166 \$1,750,309
Endowment Fund: Accounts payable		\$ 110,413 \$ 110,413		\$ 1,888 109,707 \$ 111,595

AMERICAN DIABETES ASSOCIATION, INC. AND AFFILIATED DIABETES ASSOCIATIONS

Combined Statement of Support, Revenue and Expenses and Changes in Fund Balances for the Year Ended December 31, 1977, with Comparative Totals for the Year Ended December 31, 1976 (Unaudited)

Public support and revenue:
Direct public support:
Contributions
Special Events
Bequests
Indirect public support:
Received from federated and nonfederated organizations
Fees and grants from governmental agencies
Total public support
Revenue:
Membership dues
Program service fees
Subscriptions and other income from publications
Sales, educational and testing materials
Investment Income
Net gains on investment transactions
Recovery of early retirement provisions (Note D)
Miscellaneous revenue
Total revenue
Total public support and revenue
Expenses:
Program services:
Professional education
Patient education
Public education
Community services
Research (Note E)
Total program services
Supporting services:
Management and general
Fund raising
Total supporting services
Total expenses
Excess (deficiency) of public support and revenue over expenses
Other changes in lung darances:
Property and equipment acquisitions from other funds
Interrund transfers
Changes in previously reported Affiliates Dalances
Fund balances, end of year

General Funds	General Funds	Fixed Assets	Endowment	Total	Total All Funds	
Unrestricted	Donor Restricted	Funds	Funds	1977	1976	
\$2,031,183	\$1,549,743	\$ 20,147	\$ 840	\$3,601,913	\$2,820,009	
2,221,386	470,821			2,692,207	1,862,817	
344,442	111,254			455,696	478,913	
4,597,011	2,131,818	20,147	840	6,749,816	5,161,739	
957,506	2,183			959,689	1,013,211	
78,389	82,014			160,403	180,731	
5,632,906	2,216,015	20,147	840	7,869,908	6,355,681	
392,038				392,038	308,836	
258,256	336,686			594,942	495,522	
829,361				829,361	713,985	
332,770	18,789			351,559	341,623	
136,123	19,177		3,165	158,465	95,359	
14,966	6,733	(2,113)		19,586	18,338	
165,333	-,	` , , ,		165,333		
70,767	43,810	10		114,587	97,691	
2,199,614	425,195	(2,103)	3,165	2,625,871	2,071,354	
7,832,520	2,641,210	18,044	4,005	10,495,779	8,427,035	
7,032,320	2,041,210		-,			
1 0/1 217	20.415	7,456		1,099,188	945,789	
1,061,317 1,806,967	30,415	31,897		2,372,411	1,710,291	
1,000,864	533,547 73,619	9,227		1,083,710	853,697	
853,758	248,113	29,439		1,131,310	942,233	
270,119	1,408,442	1,044		1,679,605	1,396,375	
		79,063		7,366,224	5,848,385	
4,993,025	2,294,136	79,063				
1,170,596	11,325	11,130		1,193,051	1,000,791 694,461	
880,009	9,637	5,396		895,042	1,695,252	
2,050,605	20,962	16,526		2,088,093		
7,043,630	2,315,098	95,589		9,454,317	7,543,637	
		(77,545)	4,005	1,041,462	883,398	
788,890	326,112	(77,543)	.,,			
(70.040) (44,074)	114,114	(1.794)			
(105,783	, , , , , , , , , , , , , , , , , , , ,	(4,079)	(1,724) 109,707	4,101,587	3,329,335	
1,593,895		1,638,166	(1,575)	99,719	(111,146)	
50,277		20,290	110,410	\$5,242,768	\$4,101.587	
\$2,257,239	\$1,184,170	\$1,690,946	\$ 110,413			

Combined Statement of Functional Expenses (All Funds) for the Year Ended December 31,1977 with Comparative Totals for the Year Ended December 31, 1976 (Unaudited)

			Program
Employee compensation:	Professional Education	Patient Education	Public Education
Salaries Employee benefits Payroll taxes	\$ 334,102 21,487 21,065	\$ 891,111 48,723 67,425	\$ 433,115 22,593 27,950
Total employee compensation	376,654	1,007,259	483,658
Professional fees. Supplies. Telephone and telegraph Postage and shipping Occupancy. Rental and maintenance of equipment. Conferences, conventions and meetings Travel Printing and publications. Awards and grants	37,583 48,758 25,259 30,116 68,321 3,451 155,137 31,911 222,969 14,011	100,802 217,185 74,566 74,901 252,059 16,588 50,623 62,038 364,797 18,074	58,242 69,553 36,136 35,823 58,548 6,684 23,269 43,799 230,188 5,557
Provision for doubtful accounts Miscellaneous. Expenditures not delineated by type of cost by affiliates. Subtotal Depreciation of buildings and equipment	74,836 2,726 1,091,732 7,456	84,406 17,216 2,340,514	18,730 4,296 1,074,483
Total expenses	\$1,099,188	31,897 \$2,372,411	9,227 \$1,083,710

See accompanying notes to combined financial statements.

Services			Supp	orting Servic	ees		gram and g Services
Community Service	Research (Note E)	Total	Management and General	Fund Raising	Total	1977	1976
\$ 458,641	\$ 72,249	\$2,189,218	\$ 540,871	\$411,594	\$ 952,465	\$3,141,683	\$2,520,602
23,912	2,365	119,080	29,811	22,534	52,345	171,425	149,266
28,980	4,875	150,295	34,119	28,109	62,228	212,523	170,437
511,533	79,489	2,458,593	604,801	462,237	1,067,038	3,525,631	2,840,305
32,534	3,172	232,333	72,816	14,506	87,322	319,655	262,125
119,620	6,224	461,340	51,711	58,710	110,421	571,761	478,761
31,449	3,329	170,739	36,277	24,386	60,663	231,402	148,924
27,075	1,932	169,847	33,839	28,871	62,710	232,557	128,218
116,081	6,041	501,050	64,307	40,747	105,054	606,104	468,790
8,220	483	35,426	14,773	5,489	20,262	55,688	73,086
25,213	23.868	278.110	81,613	25,915	107,528	385,638	348,441
44,209	1,632	183,589	39,438	36,965	76,403	259,992	214,102 802,656
79,334	3,076	900,364	37,107	148,045	185,152	1,085,516	1.331,587
16,357	1,547,404	1,418,580	7,355	6,707	14,062	1,615,465	1,331,367
	-,,	2,120,000	56,523		56,523	56,523	244,669
43,940	1,542	223,454	71,856	33,119	104,975	328,429	139,200
46,306	369	70,913	9,505	3,949	13,454	84,367	7,480,864
1,101,871	1,678.561	7,104,338	1,181,921	889,646	2,071,567	9,358,728	62,773
29,439	1,078,301	7,104,338	11,130	5,396	16,526	95,589	
\$1,131,310	\$1,679,605	\$7,183,401	\$1,193,051	\$895,042	\$2,088,093	\$9,454,317 ======	\$7,543,637 ====================================

NOTES TO COMBINED FINANCIAL STATEMENTS

Note A

The 1977 statements appearing on pages 11 to 16 inclusive, were compiled from the individual reports of the National Headquarters and sixty-seven affiliated associations and direct chapters.

Reports from five affiliated associations did not contain sufficient information to include their detailed financial activities in the combined statements. An additional nine affiliated associations did not submit reports. If the financial activities of these fourteen affiliated associations paralleled their financial activities as reported in the individual unaudited reports for the year in which they were last submitted, the effect of including their activity in the combined statements would have been to increase total support and revenue, total expenses and total fund balances by approximately 2% each.

The 1976 data appearing on pages 11 to 16 inclusive was similarly compiled from the reports of the National Headquarters and sixty affiliated associations and direct chapters. Reports from ten affiliated associations did not contain sufficient information and were not included. If the 1976 financial activities of these ten affiliated associations paralleled their financial activities for the last year in which reports were submitted, the effect of including their activity would have resulted in approximately a 2% increase in total support and revenue, total expenses and total fund balances.

The amount shown as "Changes in previously reported affiliate balances" represents mainly the beginning of year balances of affiliate associations not included in the prior year, less affiliates included in the prior year and not included in the current year, and changes to comply with the revised standards of accounting and financial reporting for voluntary health and welfare organizations.

Note B

The accounting policies followed by the National Headquarters are enumerated in Notes 1 and 3 of the notes to financial statements appearing on page 9 of this report. The accounting policies followed by affiliated associations vary by affiliate and do not necessarily parallel the accounting policies of the National Headquarters.

Note C

Income receivable from affiliates, as reported in the separate financial statements of the National Headquarters, has been eliminated in the combined statements as have all other material financial interaffiliate activities.

Note D

At December 31, 1976, the National Headquarters had an unfunded pension obligation to a retired employee, which was included in the balance sheet at the actuarially determined amount of the liability. On July 4, 1977, this retired employee died and, accordingly, the unpaid pension liability ceased being an obligation of the National Headquarters. Consequently, the unpaid amount of \$165,333 was recognized as revenue in General Funds—Unrestricted.

Note E

Research expense includes \$182,823, the cumulative prior years effect of the change in accounting policy to record research awards at the time of notification to the recipient. This item was treated separately in the financial statements of the National Headquarters. The accounting change is covered by Note 3 of those statements.

Note F

On June 5, 1977, the Board of Directors approved the establishment of the Wendell Mayes, Jr., Affiliate Development Fund. This fund is to be established in an amount equal to that portion of the December 31, 1977 General Funds—Unrestricted fund balance in excess of \$100,000 but not to exceed \$500,000. The amount of the General Funds—Unrestricted fund balance at December 31, 1977 permits this fund to be established at the maximum of \$500,000.

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